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ABSTRACT

This report provides three case studies illustrating the characteristics and general nature of selected family support programs in socially vulnerable communities. The profile of each program provides in-depth information about how the program operates. Fundamental barriers to program development and service provision are identified, and specific strategies that programs have developed to overcome these barriers are described. The first chapter of the report traces the evolution of family support programs in vulnerable communities and discusses the special issues and challenges that emerged as family support took its first step toward serving these communities. The next three chapters provide detailed descriptions of three innovative programs and the manners in which they were developed. Those programs are Family Place in Washington, D.C.; New Beginnings of San Diego, California; and Walbridge Caring Communities Program in St. Louis, Missouri. The final chapters of the report analyze the strengths of each of the programs, describe the obstacles they faced, and provide program recommendations for others interested in serving socially vulnerable families. Contains 47 references. (TJQ)

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Three Case Studies and Lessons Learned

BY LINDA K. BOWEN &
SHERRILL SELLERS

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Family Support & Socially Vulnerable Communities

Three Case Studies and Lessons Learned

BY LINDA K. BOWEN &
SHERRILL SELLERS

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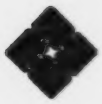

FAMILY RESOURCE COALITION

The Family Resource Coalition's mission is to build support and resources within communities that strengthen and empower families, enhance the capacities of parents, and foster the optimal development of children and youth. This national coalition provides leadership by developing resources for programs, by affecting public policies, and by increasing the public understanding of and commitment to families.

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Preface

Documenting the history of innovative organizations is a complex and time-consuming process by nature. The aspect of these programs that makes them worthy of study is their invention of new methods of providing service to the socially vulnerable. Deriving lessons from such innovation takes time, but for the programs studied, life goes on. Research into *Family Support and Socially Vulnerable Communities: Three Case Studies and Lessons Learned* began in 1991. Programs have changed since the manuscript was completed: Family Place has a new executive director; Walbridge has replicated and is now one of three sites for the St. Louis Caring Communities Program. Our hope is that the conclusions drawn from freezing these programs at a moment in their development will be nonetheless timeless contributions to all fields related to family support and socially vulnerable communities.

Acknowledgments

The Family Resource Coalition is deeply grateful for the time and energy that program staff of Family Place, Walbridge Caring Communities Program, and New Beginnings dedicated to helping with the research for this monograph. Without their day-to-day work strengthening and supporting families, and without their collaboration in this project, this book certainly would not exist.

Funding for *Family Support and Socially Vulnerable Communities: Three Case Studies and Lessons Learned* was provided by the AT&T Foundation and the David and Lucile Packard Foundation. The Family Resource Coalition is grateful for their support of this project and for their continued interest in programs that strengthen families.

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Finally, the Coalition would like to thank all its members and friends in the field for their unflagging support for our efforts.

Introduction

Family support programs have existed in communities around the country for more than 15 years; however, the emergence of these programs in socially vulnerable[1] communities is a recent phenomenon. Agencies are developing programs in response to both the burgeoning family crises in these communities and a growing concern about the development of children under the age of six. Enlightened government and community-based agencies in socially vulnerable communities are recognizing that families that are poor, undereducated, or headed by teenage parents may face enormous barriers to accessing the support services they need and that, consequently, these families have difficulty providing an optimal living environment for their children. In response, united by their support for optimum child development, local agencies have tried to patch together a more comprehensive array of services for families.

Simultaneously, program developers and policymakers at all levels of government are becoming aware of the interrelated individual and public-sector structural problems that limit the ability of socially vulnerable families to achieve economic self-sufficiency. Government officials have long realized that economic problems exacerbate other problems of families in crisis. Attributing economic difficulties to socio-structural problems has caused them to rethink their large bureaucracies and to move toward a more family-focused mode of service delivery.

Unfortunately, family support programs in socially vulnerable communities have operated in relative isolation. Few efforts have been made to document their development; as a result, very little administrative, fiscal, or policy information about these programs is available. The failure to document the operational aspects of community-based programs that serve socially vulnerable populations hinders the development of family-supportive programs at the community level as well as related policy at the federal, state, and local levels. This paper begins to answer the many questions received by the Family Resource Coalition regarding the development of community-based programs in socially vulnerable communities.

What follows are three case studies illustrating the characteristics and general nature of selected family support programs in socially vulnerable communities. The profile of each program provides in-depth information about how the program operates. Fundamental barriers in program development and service provision are identified, and specific strategies that programs have developed to overcome these barriers are described.

The first chapter traces the evolution of family support programs in vulnerable communities and discusses the special issues and challenges that emerged as family support took its first step toward serving these communities. The next three chapters provide detailed descriptions of three innovative programs and the manners in which they were developed. The final chapters analyze the strengths of each of the programs, describe the obstacles they faced, and provide program recommendations for others interested in serving socially vulnerable families.

Realistically, this book cannot possibly address all the issues confronting family support programs. It does provide information necessary to advance current planning and program development efforts. The Family Resource Coalition hopes that the information contained here will encourage program developers and analysts to look more intensively at problems and potential solutions to them, to pinpoint gaps where little information is available, and to identify priority areas where more work is needed.

[1] The Family Resource Coalition feels that the term "socially vulnerable" more appropriately describes the relationship between the individual and structural factors that determine an individual or community's status in society than does the more common "at-risk" designation.

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CHAPTER ONE

Issues in Innovation

Family support programs began to appear throughout the United States in the late 1970s, as a response to a call by parents and people who work with families for more holistic support for families struggling to raise children in a society undergoing considerable social and economic change (Goetz 1992; Farrow et al. 1990). The first programs provided support and education primarily to middle-income families during pregnancy and in the early stages of child-rearing. These programs offered parents a place to meet with peers to learn about and share their parenting experiences. They promoted self-help, reduced social isolation, and provided a vehicle for the constructive expression of frustration that parents periodically feel as they rear their children.

Family support programs developed rapidly throughout the country, responding to the needs of individual communities. Program components often included a drop-in center (which provided on-site childcare while parents were engaged in other activities), parenting and child development education, support groups, and structured activities for parents and children. These early family support programs were widely viewed as successful; they provided parents with support and education in their child-rearing and thereby helped to prevent other problems such as child abuse and neglect. Because the programs were successful in helping middle-class single- and two-parent families, policymakers began to wonder whether they might be effective with low-income families or families considered vulnerable for a variety of social, economic, and environmental reasons (Zigler and Black 1989).

Social Welfare and the Socially Vulnerable

As a nation of immigrants, the United States has always had a socially vulnerable population. Each new immigrant group has had to clear economic and social hurdles to become established in a new society. Historically, America's social and economic policy has been predicated on the ideology that over time (with hard work and the desire to achieve) individuals from all groups could and would clear these hurdles. As a result of this ideology, social policy has provided only limited resources for basic life necessities. To help ease the transition to United States society and to aid in the process of assimilation and integration, social service programs such as settlement houses and charity organizations have come into being during times of high immigration.

African Americans were one of the first groups for which the climb up the social and economic ladder was severely limited. Institutional structures, such as the three-fifths rule and Jim Crow laws, were designed to prevent their social and economic mobility (Rothenbers 1988). The civil rights movement and resultant affirmative action policies and programs were intended to address these structural problems; however, the uneven results of these policies have been well-documented (Wilson 1987). Of particular concern is the plight of the "urban underclass"—those who are both socially and economically marginalized from wider society by race and class. African Americans have been joined in the "underclass" by members of more recent immigrant ethnic groups, Asians and Latinos.

The factors that place families at risk for negative social and economic outcomes have been greatly debated. Many feel that primary responsibility for the existence of a social and economic underclass lies with structural issues that prevent mobility. Others feel that the actions of the individuals themselves place them at risk (Wilson 1987).

Government policies designed to help the socially vulnerable aim to promote economic self-sufficiency. These policies try to ensure that families will not need government assistance and that they will be able to sustain themselves through participation in the labor force. Efforts to help families achieve economic self-sufficiency can be divided into two major categories: (1) policies based upon the notion of individual responsibility for dependency, which demand that families do for themselves (these include government programs requiring parents to conduct job searches and/or to enroll in school or job training to receive assistance) and (2) policies based upon the notion that there is public responsibility for the dependence (these have attempted to "empower" families and provide them with greater access to resources) (Ellwood 1989).

Family support aims to balance individual and structural factors. These programs do not blame individuals, groups, or families for needing support. Family support programs emphasize that all families need support. At the same time, however, family support programs adhere to the principle that individual families are responsible for helping themselves. Family support programs join with families to effect positive outcomes for children, families, and communities (see page 37).

Family support programs emphasize that all families need support, but that individual families are responsible for helping themselves.

The Nature of Socially Vulnerable Populations

Families residing in urban, socially vulnerable communities face a number of obstacles. Their neighborhoods are overwhelmingly poor. Public assistance is often the primary means of economic support. There are few job opportunities available. Underground economies, such as the drug trade, flourish. Businesses, youth organizations, churches, and other stabilizing structures taken for granted in other communities are severely weakened or non-existent. Often there are hostile relations between residents and the structures that do exist such as schools and immigrant-owned groceries. Public involvement in families' lives is both intrusive and expected. Families have few opportunities for self-determination. Because socially vulnerable families lack the economic resources necessary to change their circumstances or to advocate for structural change at the societal level, they often have little or no political influence. These families are primarily (although not always) members of racial and ethnic minority groups.

Children growing up in vulnerable communities face many hardships: many are born at risk of myriad health and developmental problems into families that do not have the resources to ensure the nutritional and health needs of their members. Families often live in cramped, crowded, substandard apartments and houses. Adult family members are largely uneducated, unskilled, un- or under-employed, and unable to provide their children with resources in their homes to support developmental learning. Crime is rampant, making residents unsafe and exposing children to danger and death at increasingly young ages. The drug trade, typically controlled by youth gangs, spurs a flourishing underground economy which engages children, also at increasingly earlier ages. Substance abuse among community residents further imperils the health of children at birth and throughout their lives. Both teen pregnancy and the failure to complete high school are common.

The social and economic difficulties faced by these families are clear. Less obvious, but equally important, is the psychological toll exacted by the environmental stress under which such families struggle to survive. They live in unattractive areas (known as the "bad" places in town) that are often physically isolated from other parts of the city; residents of these areas are feared and disdained. Violence, death, and a host of crises are everyday occurrences. Dirty streets, abandoned buildings, gang graffiti, and other environmental risks, such as lead poisoning and roach and rat infestations, assault the soul as well as the senses. Families have had to develop lifestyles that will help them survive in this hostile environment; unfortunately, many of these lifestyles conflict with the skills needed to survive outside this environment (Boyd-Franklin 1989). Many struggle in the hope that they will be able to overcome these obstacles. Others give up, losing hope and feeling powerless to change their lives. Still others act out their pain in ways that are harmful to themselves and to others. Joan Palmer, in her paper "Environmental Risk at Robert Taylor Homes," likens growing up in this type of environment to being trapped in a war zone, but with no knowledge of who the enemy is and no expectation that the war will ever end.

Family Support and the Socially Vulnerable

Programs applying family support principles face considerable challenges as they attempt to serve the socially vulnerable. These challenges include:

(1) *Overcoming the historic failure of public social service provision.* The public sector has traditionally provided services to socially vulnerable families in the form of child and social welfare programs. By assisting families with the basics of life—food, shelter, income, and health care

services—child and social welfare programs have provided a safety net for children. Public agencies have initiated work with families and children in situations in which the safety and welfare of the child were in jeopardy. However, rather than helping families become self-sufficient, it appears that these programs have instead fostered economic dependence. Programs for socially vulnerable families must differentiate themselves from child and social welfare programs in terms both of when services are initiated and what the goals of services are.

(2) *Overcoming the underlying assumptions of public social service provision.* Socially vulnerable families have been viewed by mainstream service providers as morally or socially deficient. These families are seen as lacking something (e.g., motivation, education, training) that prevents them from being able to compete and survive in society at large. This deficit orientation has influenced the development of services, the manner in which they have been provided (at both the state and local level), and the way in which families have received them. Families have not been able to determine their needs nor the manner in which they receive services. Public-sector service provision has exacerbated the powerlessness that socially vulnerable families experience.

(3) *Rebuilding or enhancing weakened community structures.* Generally, the communities in which socially vulnerable families live are socially, economically, and physically separated from mainstream society. Factors such as high crime and drugs contribute to social alienation. This isolation has broken down community structures that traditionally support families in rearing and socializing their children and in supporting each other. Additionally, these communities have become increasingly more racially and ethnically diverse. The struggle for scarce resources has engendered tension between members of different groups.

(4) *Identifying skills needed to work with socially vulnerable families.* Staff who have been trained by earlier family support programs often do not possess the skills, training, or knowledge that working with socially vulnerable families requires. Even those who have experience working with socially vulnerable communities (i.e., nurses, social workers, childcare workers) are not adequately prepared to serve these communities. The rapid changes and intensity of problems in working with vulnerable communities demands a flexible approach that allows programs to respond to needs as they emerge and are articulated by families and identified by program providers.

Overcoming these challenges has been one of the driving forces of innovation in family support. Initially, family support programs for socially and economically vulnerable families were developed by grassroots, free-standing community-based programs very similar to and modeled after those in middle-income communities. These early programs had difficulty attracting and retaining participants. They did not address families' most pressing social and economic needs. Program developers originally assumed that the functions of individuals and the community in socially vulnerable communities were similar to those in more affluent communities. It did not take long for them to revise their approach when dealing with people who found it difficult to acquire basic material resources and struggled with survival issues. Parents had little time and energy for what they perceived as leisure activities, such as parenting classes. Consequently, agencies began to restructure programs to respond more specifically to these parents' needs, especially as they related to the care and education of their young children. For example, instead of a mom-and-tot play group, a program might offer counseling and medical referral services to pregnant women to ensure that they receive adequate prenatal care. Instead of a potluck Sunday parenting forum, program developers might set up a food bank and an informal home-visiting program.

Family support program providers working with socially vulnerable families learned that public services to these parents were scattered among agencies and departments. Parents, unbeknownst to public agencies, often received the same services from different agencies, and were often unaware of their eligibility for other services. These findings prompted family support program providers to help families coordinate the services they were receiving, to ensure that families were able to participate in the full range of services for which they were eligible and to ensure better communication among service providers.

These early steps toward developing comprehensive support for families foreshadowed the widely acclaimed work of Lisbeth Schorr. In *Within Our Reach*, Schorr refocused attention on comprehensiveness as an approach to working with socially vulnerable populations. She strongly advocated programs that offer comprehensive and intensive services to families within a family and community context.

Unlike programs in middle-income communities, those aiding socially vulnerable families must be joined with public- and private-sector efforts if long-term change is to occur.

Initial efforts at developing comprehensiveness in family support programs were aimed at establishing a wide array of services within a program. Faced with logistical limitations, program developers began to reconceptualize comprehensiveness as both a philosophy and as an approach to providing services. They realized that the goal of comprehensiveness was to create a service package that did not compartmentalize participant needs. The philosophy of comprehensiveness is that of holism. Family support understands participants as whole persons (not collections of symptoms or needs) and views individuals in the context of their family and community. As an approach, comprehensiveness means establishing an environment and ultimately a system in which participant needs can be met holistically. The creation of this environment need not, and in many cases must not, be limited to on-site services.

Reconceptualizing comprehensiveness has led the family support movement to examine the structural forces that impede the social progress of children and families in vulnerable communities. This examination is occurring at the grassroots level as programs realize the connection between the intractability of participant problems and the limited institutional and economic supports for socially vulnerable families. It is also occurring in the public sector as the family support movement encourages officials to investigate public and community collaboration as a strategy to address inefficient and fragmented services. Advocates of collaboration acknowledge that no *one* service (or sector of service) can provide for all the needs of all families, or even for all the needs of one family.

Family support is also beginning to examine the relationship between family and community and how this relationship affects the health and well-being of children and families. Family support programs are trying to mobilize communities to support their socially vulnerable families. The discussion of comprehensiveness has also begun to identify the structures within a community that support, nurture, and empower families.

Finally, a program that is comprehensive in its approach must examine the forces that foster powerlessness and must embrace practices that generate empowerment. As family support programs have evolved, their structure has become more complex, and their role in the development of policies and programs for the nation's neediest populations has become increasingly important. It has become clear that, unlike in middle-income communities, the work of family support programs with socially vulnerable families must be joined with the efforts of those in the public and private sectors if long-term change is to occur.

Family support movement programs are of considerable interest to policymakers in the United States. These programs may be an effective, economical strategy to improve the long-term functioning of families and outcomes for children.

The remainder of this paper examines three innovative family support programs that serve socially vulnerable populations. These are a few of the questions that will be addressed: Why and how do these programs come about? What can they teach us about family support and socially vulnerable populations? What have been some of the obstacles they have faced as they have attempted to serve these populations and implement innovative ideas? What effect are these programs having on socially vulnerable populations?

CHAPTER TWO

Three Community-Based Family Support Programs for the Socially Vulnerable

The three programs profiled here have a number of similarities. All three are community-based, although their definition of community differs slightly. The programs are, or aspire to become, vital institutions in the communities in which they are based. Two of the programs actively work to strengthen the bonds among community residents. In this sense, they are philosophical descendants of the settlement house movement, which combined social service and social advocacy with a desire to create a community among the people and institutions of a specific location. Two of the three programs are based in schools and are the result of collaboration with their state governments. One of the programs has a maternal and child health focus; the other two focus on the developmental and social service needs of school-age children and their families.

These three programs were selected from among the Family Resource Coalition/National Resource Center for Family Support Programs database based on three criteria: (1) type of population served (we searched for programs that were addressing a number of social and economic issues within their target population), (2) range of services provided, and (3) expressed interest in engaging the entire community. These three programs typify the type of innovations that have occurred in family support programs as they work with socially vulnerable families. The three programs are at different stages of development, the oldest has been in existence for more than 10 years and the youngest for less than three.

Method

We spent six months examining the programs. We visited each site and spoke to as many program planners, administrators, staff members and participants as we could.[2] In addition, we conducted a survey of six other programs that work with socially vulnerable populations to ascertain similarities of service issues and in strategies for overcoming obstacles. The consistency of their responses strengthened our confidence in the selection of the three programs for detailed study as well as in our assessment of the programs.

Family Place – Washington, D.C.

Nestled off the boulevard in the Mount Pleasant community of Washington, D.C., Family Place is located in an old three-story house. Each floor is occupied by staff offices or rooms in which participants or children are served. The front door opens to the receptionist's desk. Directly in front of the receptionist's desk is the living room, where the major group activities for adults are held. Behind the receptionist's desk is the dining room, which holds three large tables. Directly behind the dining room is the kitchen, where lunch for participants is prepared each day. The second floor contains staff offices and another large room used for childcare when parents are in groups, and for staff meetings and training. The offices of the executive director and the program director are on the third floor. The basement contains classrooms that double as parent-council meeting rooms, offices for the evaluators of the jobs services program, and a nursery where the breast-feeding counseling takes place.

The house has been decorated with donated furniture; what it lacks in color and design coordination is more than compensated for by the aura of warmth that emanates from the program. Signs written in Spanish greet participants and ask them to value and respect their children and to immunize them against childhood diseases. Staff members greet the participants and treat their babies with great affection. All members of the Family Place staff are fluent in both English and Spanish; several, including the executive director and program director, are native Spanish speakers.

A few Family Place participants arrive in the morning when the agency opens its doors. Most arrive during the hour before lunch. Children select toys and engage in free play with either their mothers, other children, or staff.

Lunch is served family style, with participants and children eating at the three large dining tables. Approximately 40 participants and children eat lunch daily at Family Place. After lunch, participants become involved in group activities (or in individual work with family workers) while their children are cared for in other

[2] We only spoke with the program director and a member of the Interagency Team at the Walbridge Caring Communities program because, to facilitate service delivery, the program had placed restrictions on outside intrusions.

rooms. Participants and their children are treated with respect, as are staff; this is the atmosphere one senses upon entering the building. When questioned about this, one staff member (who is also a former participant) said, "We believe in empowerment here. Everyone is equal."

Family Place appears to have been accepted as part of the community in which it is located. Families who have been participants of the program volunteer to serve as foster parents for other families during times of crisis and as supports to new immigrant families. Referrals to Family Place generally come word-of-mouth from previous participants. Several former program participants have been hired as staff.

History

Family Place was established in 1981 as a program to serve the Adams Morgan community on Washington's northwest side. It was founded by Dr. Ann Barnett, a pediatrician at the local children's hospital and a member of the Church of the Savior. As part of its mission, the Church of the Savior asks its members to examine and reflect upon their "inner journey" (or spiritual relationship with God) and on their "outer journey" (the obligation of every person to promote a just society). The Church encourages members to join together to help others in the community. Members receive the support and blessing of the church in developing their outer journey; however, it is the responsibility of the individual member to bring the journey to fruition. Family Place became Ann Barnett's outer journey as she saw the Adams Morgan community's desperate need for compassion and services through her work as a physician. She realized that the needs of Adams Morgan's population were outside the typical needs filled by the hospital. Her experiences as a parent and her understanding of parents' need for support led to her interest in giving the Adams Morgan community support and help for the problems they experience in their everyday lives.

Ann Barnett was also instrumental in establishing the Better Babies program in Washington, D.C., which provides incentives for pregnant women to seek prenatal care. Her work with this program helped her to better understand the obstacles poor young parents faced as they raised their children. After this experience, Barnett and a colleague worked for two years developing the mission of and finding support for Family Place. They met with service providers throughout the city and had discussions with prominent leaders in the family support movement. The program's mission, to improve children's health and development by enhancing community and family stability and helping to develop a community of support among families, has remained consistent throughout the program's 12-year history.

Family Place was begun with an initial grant of $25,000 from the Church of the Savior and $20,000 from the Meyer Foundation of Washington, D.C. The program initially attempted to serve the entire Adams Morgan community, which at that time was composed of equal numbers of whites, African Americans, and Latinos. It was staffed by Ann Barnett, a white woman, as director; a white male program director; an African American female co-director/social worker; and two Latino female case/outreach workers.

At the same time that Family Place was established, the war in El Salvador escalated dramatically, resulting in a large influx of Salvadorans into the Adams Morgan community. The new immigrants' need for assistance was great. They were able to receive support at Family Place. Shortly after, the African American administrator left the program for other employment opportunities and Maria Elena Orrego was hired as Parent Services Coordinator. Family Place decided to focus on the overwhelming needs of the Salvadoran population, since it appeared that the program could greatly help this group. Upon the resignation of the program director, Orrego was promoted to that position, which she held until her promotion to executive director. In 1983, Family Place moved from Adams Morgan to the adjacent Mount Pleasant community, where it has been located for the past ten years.

Family Place has grown from a small drop-in center that provided food, clothing, and play groups to a program that provides comprehensive services to participants. On-site, the program primarily focuses on the health needs of mothers and their children and on the developmental needs of children. Family Place has developed a comprehensive infrastructure of support for its

participants, linking on-site services with those in the greater D.C. area. The staff of Family Place has grown from five to twenty-two.

Participants

Family Place serves a predominately Spanish-speaking population of pregnant women and families with children under the age of three. The vast majority of participants (70-80 percent) are immigrants from El Salvador; the remainder are immigrants from other Central American countries. The program aims to serve the whole family; however, because it is traditional in the Latino community for women to bear the major responsibility for rearing children, it has proven difficult to engage fathers in Family Place activities. Additionally, immigration often separates family members, leaving mothers as the sole source of support for children either in El Salvador or after mother and children have immigrated to the United States.

In 1991, Family Place served 549 families, of which 399 received "comprehensive social, parenting and educational services and 150 received brief support services, such as referrals for prenatal and pediatric medical care, legal, educational and housing assistance, and emergency food and clothing services" (Family Place Annual Report 1991). Family Place served an average of 55 families per day in 1991.

Needs of Population

A number of factors have placed Salvadoran families and children at risk for negative social and developmental outcomes. Many left El Salvador with none of their possessions and no capital to escape the economic upheaval and atrocities of war. The massive immigration caused much family disruption: husbands came to the United States and left wives and children behind; mothers came and brought babies but left other children in El Salvador; children were sent ahead of their parents. This was especially difficult because the Salvadoran population has a history of living in intact, extended families.

Many immigrants have come from remote rural areas of El Salvador. Most came to the U.S. with little formal education, often no more than grade school. Although the government of El Salvador had a free national health care system, many used health services only for emergencies. This reluctance to use preventive health services, combined with the stresses caused by immigration and the lack of access to health services in the United States meant that a number of Salvadoran women did not obtain prenatal health services. When Family Place first began to work with this population, it was common for women to arrive at the center in their last trimester of pregnancy, having received no prenatal care.

Immigration also changed cultural norms. For example, breast-feeding is the most common method of feeding infants and young children in El Salvador. In the United States, however, the presence of the Women, Infants, and Children (WIC) program, which subsidizes infant formula, coupled with the fact that mothers need to work outside the home to help support the family, has prompted changes in the traditional care of babies. Mothers who work are reluctant to breast-feed because they feel that it ties them to their baby and limits employment opportunities. Those who are not yet employed fear breast-feeding will hinder their ability to work.

The lack of extended family networks and the pressure on mothers to work also negatively affects the care and supervision of children in the home. Older children, especially teenagers, are often left unsupervised for extended periods, and in many cases provide the only care for younger siblings. Family Place staff members feel that this lack of supervision has also led to an increase in Salvadoran teenage pregnancy, adding another strain to traditional cultural norms.

Family Place participants also face the same challenges experienced by other immigrants as they become acculturated to American society. They must learn to speak a different language, obtain employment and housing, and become familiar with the nuances of another culture. Many of them must accomplish these tasks without the benefit of legal immigration status. For Salvadoran immigrants, the stress of this transition has been

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exacerbated by stringent laws to control illegal immigration and the general racism experienced by Latinos in the United States. Moreover, the effects of the long brutal war in El Salvador have been manifested as post-traumatic stress syndrome in both adult and child immigrants.

Program Services

Family Place offers a comprehensive array of services to its participants through a mix of on-site services and formal and informal links with programs off-site. On-site services include: classes and counselling in birth preparation, child development, breast-feeding, parenting, leadership development, job development, English as a Second Language, and literacy; peer counselling; domestic violence support; a Bible meditation group; and developmental childcare for children whose parents are participating in programs. Families also receive food, clothing, and baby equipment.

Because Family Place participants find it difficult to access other services in Washington because of language and legal barriers, on-site services have been supplemented by a vast range of services provided by public and private sector agencies in Washington including the following:

- Mary's Center for Maternal and Child Care co-sponsors prenatal education sessions at Family Place.
- Planned Parenthood conducts birth control counseling for pregnant women at Family Place.
- Washington, D.C., General Hospital's Handicapped Infant Project provides developmental screening of Family Place infants.
- Washington's Birth-to-Three Statewide Linkage and Tracking Network provides care for babies with developmental disabilities.
- Children's Hospital provides assistance for special needs babies (those with genetic illnesses and multiple disabilities).
- Scottish Rite Center for Early Childhood Language Disorders offers language development courses.
- Mary House and Elizabeth House both provide emergency and transitional shelter for Family Place participants.

Family Place can also connect participants with the services of a number of other agencies, including those that provide legal assistance, job training, and health and mental health services. In all, Family Place has formal or informal linkages with more than sixty agencies and institutions serving children and families in Washington, D.C.

Family Place's relationship with these service providers is unique. When the massive numbers of Central American immigrants began to flood the Washington area, Family Place was one of the few programs that could serve them, because the staff members were able to speak their language. As Family Place began to connect with other services on behalf of its participants, Family Place staff served as translators not only for their own participants but also for the many Spanish-speaking people who sought out other programs for service. This translating relationship continues to exist. In addition, other programs have become aware of the need to hire bilingual staff as a result of associating with Family Place.

Method of Service Provision

Participants are referred to the program by word-of-mouth and through referrals from other agencies. Services are linked by individual case management provided by family workers. Initial intake services are provided by the intake worker, who gathers basic information about the nature and urgency of participant needs. The intake worker (who is a senior staff member) provides a general orientation to the program and handles all immediate and short-term support needs (such as referrals for prenatal and pediatric care; legal, educational, and housing information; and emergency food, clothing, and transportation assistance). Participants with more urgent needs are immediately referred to the family worker on call. At weekly meetings, staff discuss the case as presented by the intake worker and determine the appropriate course of action. Family Place recently added a second intake worker to its program staff so that a large number of families could be assisted in brief service. This has freed the family workers for more intensive, long-term work with a smaller number of participants.

Families who have more intensive and long-term needs are assigned a family worker who works with the participants to develop an individualized plan. Family workers spend the first few meetings finding out about their participants. They work to stabilize the family by meeting the emergency needs indicated at intake. The family worker also assists the participants in prioritizing and implementing their long-term goals. Family workers encourage participants to become involved in the services offered on-site at Family Place and connect the participants to needed services within the Washington community. The family workers follow up on these services and offer ongoing help such as providing translators and arranging transportation to and from services.

To manage worker caseload, Family Place has recently developed a method for categorizing and assigning participants to family workers. At intake, participants are assessed to determine which category of service they need. Level I participants are those whose needs can be met through brief services such as assistance in obtaining food or clothing, or connection to health services. More severe than Level I, the needs of Level II participants are often aggravated by other social problems such as domestic violence or absence of immigration documentation. Level III participants are those experiencing crisis situations such as severe domestic, housing, or medical problems. Participants assessed at Level II and III are assigned a family worker for long-term support, while those assessed at Level I are connected with appropriate on- and off-site services.

Service Philosophy

Staff members of Family Place consistently stated that the mission of the program was to foster participants' ability to achieve self-sufficiency. One staff member said that the mission of Family Place is to "work with Latino families to help them to learn about resources in Washington, to help them to adjust to the United States, and to work with them on family issues from child development to learning English to feeding their children." Other staff added that Family Place is designed to promote the independence of the family; to help people to get on their feet and to not need the agency. They said it is a place where families can be understood and where advocacy work can be done until participants can realize their strengths. Staff members feel that they establish a partnership with participants. Participants identify personal goals and workers assist them in developing a plan to accomplish these goals.

Staff consider the Latino focus vital to the success of Family Place. They are able to translate the cultural experiences of participants into program services. Members of the staff feel that Family Place gives participants strength and an emotional push forward by helping them value themselves.

One staff member felt that Family Place serves as a stabilizing force in the community. It does this, she stated, through its slow, consistent work on participant problems and its holistic approach to providing assistance. Family Place has been able to recognize changing needs within its population and has evolved as the needs of the community have evolved.

The "enormous success" of Family Place, in the words of a staff member, can be attributed to the fact that the program "has the attitude that it respects people and that all people have strengths." Still another staff member felt that the program's strength is reflected in the fact that people feel comfortable walking through the doors. Because Family Place is connected to all the essential resources in the community but is not affiliated with them, participants are free to complain about all the agencies from which they receive services, and Family Place staff members can be advocates regarding all their clients' services.

Funding

Family Place currently has a $460,000 operating budget through funds received from a variety of foundations and private donors. Foundations account for 56 percent of the budget (the Kellogg Foundation provides one-third of this amount); individual donors, 12.2 percent; businesses, 9.7 percent; the public sector, nine percent; churches, 7.1 percent; other organizations, five percent; and the remainder is collected from interest on grants.. Foundation support has been consistent throughout the program's history, although multi-year grants have rarely

been made. Other grants have been obtained for specific services. For instance, a grant from the U.S. Department of Health and Human Services allowed Family Place to subcontract its First Friends program to Mary's Center.

Evaluation

Although Family Place has not undergone a comprehensive, formal evaluation, several individual program services have been evaluated. The Para Ti/First Friends project (for which Family Place subcontracted with Mary's Center to match adolescent mothers with older mothers) was evaluated by the U.S. Department of Health and Human Services. The evaluators concluded that the program had little effect. Family Place staff point to massive record-keeping requirements which impeded program services and their lack of input in program design and evaluations as possible reasons for the less than positive results. The English as a Second Language Program was also evaluated and shown to be very effective at increasing participants' English proficiency and their ability to relate to various systems within Washington. Family Place is also being studied as part of the Kellogg Foundation's evaluation of its projects by a team of evaluators from the University of Illinois at Chicago.

Family Place uses an extensive participant-tracking system, developed by an independent researcher in cooperation with Family Place, which serves as an internal measure of program progress. The system tracks the progress of program participants for a number of health indicators, including use of prenatal care, birthweight of babies, number of children receiving timely and appropriate immunizations, and the number of babies receiving developmental screenings. This tracking has indicated that participants of Family Place seek care earlier and deliver heavier babies than does the Washington, D.C., population at large. Family Place recently received a grant to develop an automated data management system, which will improve its ability to track participant progress.

Program Concerns

Family Place struggles with staff retention. Only two staff members (the executive director and the breastfeeding coordinator) have been with the program more than seven years; none of the line staff has been there for more than two years. Management and program staff attribute the high rate of staff turnover to two issues: high stress and low salaries.

The intense needs of participants, exacerbated by the crises that frequently occur in many of their lives, mean that staff, particularly line staff, are constantly immersed in stressful situations. In addition, Family Place staff often serve as translators and liaisons to other agencies. Consequently, they find themselves engaged in work that, without the language barrier, would be done by others. This added work is time-consuming as well as stressful. The program director, upon being hired by Family Place, learned that staff members were not taking lunch breaks because their work with participants was so demanding. She also learned that staff members often worked overtime, but did not take accrued vacation or compensatory time. The program director immediately instituted policies that allowed staff to have a lunch break for an hour every other day. She also began to monitor staff overtime hours to ensure that accumulated compensatory time would be taken.

The salaries of Family Place staff are woefully low in a city with a high cost of living. Salaries range from $16-20,000 for full-time staff. Part-time staff are paid at least $6.50 per hour and receive no benefits. Benefits for full-time staff include twelve days of paid sick leave, two weeks of paid vacation, and health insurance for the employee. The absence of a health care insurance plan that includes the dependents of Family Place employees means that employees are often not able to provide preventive health care for their children. Many of the mothers employed by Family Place are single parents (this seems to be especially true for the former participants who have been hired). Unfortunately, employment at Family Place does not necessarily ensure economic security for its single-parent staff members.

Another concern is that precious resources have been drained by a project to replicate the program in another D.C. community. In particular, because the executive director's time is split between the two locations, staff members expressed concern that they have lost supervision time with her and that she is now less available to them. Members of the staff are also concerned that replication occurred despite the many unmet needs of the original Family Place participants. They point to the gap in services for families between the end of eligibility at Family Place and the beginning of eligibility for Head Start, which is a great problem for families who must juggle childcare needs with employment needs. They also point to the need to develop programming for school-age children and after-school care; many older children attend Family Place after school, joining their mother and younger siblings. There is also a need to develop services for fathers who for the most part have not been involved in Family Place services. But perhaps the greater problem caused by replication is a fiscal one: with the exception of the money needed to renovate the new center's home, replication was begun without the infusion of new funding.

Strengths

Family Place has distinguished itself as a grassroots model for providing services to families with young children. Its strengths lie not only in its ability to develop a comprehensive array of services for its participants, but also in the *way* it provides these services. It has become an established community institution for the entire Latino community, reaching beyond the borders of Mount Pleasant—a fact confirmed by the number of Latino residents of Maryland and Virginia who attempt to obtain the center's services. Its staff translators perform a vital service for all of the social service programs in the Washington area.

The success of Family Place can be attributed to several factors:

- The population the program serves has a clearly identified need—adjustment to a new culture. Family Place has a highly motivated base of participants who are eager to adjust to a new society.
- Family Place has developed an infrastructure of services within Washington, D.C., to address the developmental needs of children and many self-sufficiency needs of the adult population. It has successfully fought for bilingual workers in public services in Washington.
- Family Place has successfully infused the feeling of empowerment throughout its program.
- Family Place has been able to continuously identify and recruit a highly motivated, committed staff who feel included in the management and development of the program. It has been able to encourage staff creativity and initiative. It has attempted to develop a method of empowerment that includes staff as well as participants.
- Family Place has a charismatic, committed and tenacious executive director who has grown with the agency. She has proved herself to be willing to tackle difficult staff, management, and governance issues. She is an advocate for her staff as well as for program participants. She is extremely committed to children and has strong empathy for families.
- Family Place has demonstrated positive outcomes of its services. For example, it has been able to document increases in the numbers of participants who have received timely and ongoing prenatal care, children immunized, and children receiving developmental screenings.
- Finally, the Family Place founder (who is also chairman of the board of directors) is deeply committed to the program and to family support. She has demonstrated her commitment in a number of ways, from securing funding to leading a program-sponsored Bible study group. She maintains hands-on contact with the program and program participants.

Innovation

Family Place is a traditional grassroots model of a family support organization. Its innovation lies in the manner in which it has developed a comprehensive service provision model through combining on-site services with formal and informal linkages to an array of services available to Washington residents. Family Place has broken down barriers to service for its participants, thus ensuring that they have access to services that facilitate legal immigration, assist in the process of resettlement and provide for the health and developmental needs of their children. Moreover, Family Place has also fostered a community spirit within the Salvadoran population in Washington.

New Beginnings – San Diego, Cal.

The New Beginnings Hamilton Elementary demonstration site opened in September 1991. It consists of three portable classrooms situated outside the school's main building. Hamilton Elementary School is located in the City Heights community on the mid-east side of San Diego. The low-income community is dominated by small, single-family homes and a large volume of low-income apartments. It is a highly transient neighborhood and has the second highest child abuse rate and the highest crime rate in the city. The community is racially and ethnically diverse: 30-40 percent of its residents are Latino, 25-30 percent are African American and 20 percent are Asian. Nine percent are white, and one percent are classified as other races/ethnicities.

History

The planning for New Beginnings began in June 1988, when the top administrators of the City of San Diego Social Services Department and the San Diego City Schools system spearheaded a series of conversations with other public agency executives about the delivery of services to children and families in San Diego. They were concerned that San Diego's public agencies were providing duplicate services to the same families. They felt that the lack of an integrated effort was impeding their ability to deliver services effectively. They were also concerned that agencies were not able to focus on the *prevention* of problems in children and families. Finally, they felt that services were provided in ways that made sense for agencies, but were not necessarily family-focused.

The goal of New Beginnings is to "refocus and restructure public services so that they [can] be more effective and more accessible to families." This restructuring process is intended to result in long-term systemic change for a population which has been poorly served by the state. The premise of New Beginnings is that state agencies can develop a strategy to eliminate the fragmentation of services to the socially vulnerable of San Diego County, focus on the prevention of social problems for this population, and respond to the needs of families rather than to the needs of the state bureaucracy.

New Beginnings meets the needs of children and families in San Diego through inter-institutional collaboration. The partners of New Beginnings include the County of San Diego, the City of San Diego, the City Housing Commission, San Diego City Schools, San Diego Community College District, the University of San Diego Medical Center, and Children's Hospital. This collaboration is intended to change the way public institutions serve their constituents, forge a long-term commitment to system change, and allow the collaborating agencies to learn about one another. The institutions hope to develop a strategy for making better use of existing resources, developing a long-term approach to helping families, and improving services for all families.

New Beginnings' goals are to:

(1) bring a prevention focus to services and activities provided to families by the state;

(2) decrease fragmentation of services to families by addressing the whole family rather than the "presenting" problem;

(3) develop services responsive to the needs of families, not to the needs of state agencies and their staff;

(4) reallocate and realign the financial resources of agencies before new funding sources are sought; and

(5) ensure that as the collaborative process is implemented, it is adapted to the specific needs of each community.

It was expected that the *products* of the New Beginnings process would be:

(1) a bold strategy at the inter-institutional level to coordinate resources;

(2) an integrated service delivery system and a new type of line staff to work with families in a more preventive, responsive manner at the community level; and

(3) an extended team of public sector workers who would understand the need to focus on whole families, prevention, and empowerment.

According to program literature, New Beginnings hoped to "empower agencies' staff through increased problem solving and deeper involvement with children and families." Line workers would then be placed in strategic locations such as schools, where families would have easy access to them. New Beginnings also hoped to involve the community in service selection. In this way, families would be more efficiently served.

The planners of New Beginnings tentatively selected Hamilton Elementary School in the City Heights community as a demonstration site for the process. Before developing the program there, they undertook a feasibility study that had six components, including:

(1) a case management study, which documented the needs of families, eligibility for services, barriers to receiving services, the effects of case management services on 20 high-risk families, and school/agency communication issues;

(2) an agency liaison study to increase access to services for Hamilton Elementary School staff and students, increase agency staff awareness of needs of the students, identify agency and family barriers to service, and identify potential changes within the agencies to enhance service delivery;

(3) worker focus groups to gain workers' perspectives on needs of Hamilton area families, barriers to service, availability of services, and improving family/agency communication;

(4) a family interview study to understand Hamilton families' needs, determine family-identified barriers to service, investigate effects of case management services on Hamilton families assisted by the case management study, and improve family/school and family/agency communication;

(5) data match from San Diego City Schools and three other county and city departments; and

(6) a school migration study to determine patterns of student and family mobility in and out of the Hamilton area and to determine the characteristics of mobile and stable student populations.

The following insights were among those gained in the feasibility study:

- Families saw the school as a safe place to get help.
- The different philosophies of public agencies made cooperation among them difficult.
- Crisis management of families with chronic needs siphoned services from other families.
- Institutions were serving many of the same families.
- Families were living in poverty and exhibited a high incidence of both domestic and substance abuse.
- Public agency eligibility processes were a major barrier for families.

The feasibility study led to the conclusion that there was a fundamental need to reform public-sector service delivery in the City Heights community. Hamilton Elementary School was already a primary point of contact for working families, and families were already coming to the school for emergency services. New Beginnings at Hamilton is school-linked but governed by the collaborative to prevent any one agency from controlling the process or from inhibiting the cooperation and involvement of the others.

Needs of Population

The New Beginnings process and resultant demonstration site were developed with the recognition of the changing demographics in San Diego. The city was becoming more racially and ethnically diverse as the percentage of Latinos, Asians, and African Americans grew. The Latino population dramatically increased as a result of immigration from Mexico. As the city became more diverse, there was a simultaneous increase in poverty and a decrease in English proficiency. The need to reach out to the various racial and ethnic groups in San Diego was becoming more and more apparent to public officials.

Increased immigration was beginning to strain traditional Latino family structures. Families were separated, extended family networks were no longer available for support, and stringent immigration and employment laws limited families' ability to access supportive services in San Diego. A number of new residents maintained their connections with Mexico, which further complicated the immigration process. Families continued to go to Tijuana for services and obtained medical care from doctors there.

Hamilton's African American families also seemed disconnected from community services, and service providers were unable (or reluctant) to develop culturally relevant services for the growing number of Asian (Indo-Chinese) families. Ethnic/racial tensions were rising in the community, as the various groups competed for dwindling economic opportunities. With the exception of Hamilton Elementary School, there were no institutional supports used by all the families in the community.

Hamilton Elementary School, the demonstration site of New Beginnings, serves approximately 1,300 children, grades K-5. The school operates year-round with one-fourth of its students on vacation every three months. There are 19 different languages spoken by students at Hamilton. Ninety percent of the students participate in the free or reduced price lunch programs. Hamilton School children score well below both the national average and the average of area schools on the C.A.P. tests, a measure of students' achievement in basic skills.

Program Services

Because registration for Hamilton School takes place at the Hamilton center, all school families are introduced to the center. Registration for school has been expanded to include family assessment, service planning, and ongoing case management. A team of Family Service Advocates (FSAs) provides some counseling and direct services, but primarily helps families make service plans and negotiate the various human services systems. Health services are available for families who need prevention or early intervention services. The Hamilton center is not yet fully operational, but plans to offer a range of services including parenting education classes; health care services, such as immunizations and basic physicals; and information and referral to other agencies.

Method of Service Provision

Children who are served at the Hamilton site are referred by their classroom teacher. FSAs then work with families on service planning. The New Beginnings program helps the school to see students in a broader light than they ordinarily would. For instance, New Beginnings helps the school to recognize that a child's poor attendance may be connected to a larger problem in the child's life. In the long run, it is hoped that schools will begin to serve students and their families in a more holistic way.

Funding

Originally New Beginnings hoped to avoid seeking outside funding, by expending public funds in a more efficient manner. This goal has not been realized. Instead, outside funding provides significant support for the program. Outside funders for New Beginnings include the Stewart Foundation, which provided the initial grant to develop the process; the Danforth Foundation, which has provided four-year funding, excluding personnel; the Pugh Foundation, which funded the evaluation of the first year of services; Pacific-Tel, which will fund a Family Resource Network and a health education prevention project; the U.S. Department of Health and Human Services, which has provided a dissemination grant and funding for a management information system; and the San Diego Community Foundation, which has provided funding for a parenting class.

In-kind contributions (mainly human resources) from collaborating agencies are a substantial part of New Beginnings' budget at the Hamilton site. In the first year alone, approximately $217,400 was provided through in-kind contributions of collaborating agencies.

Program Staff

Seven persons staff the New Beginnings Hamilton site: a center coordinator, four family service advocates (FSAs), a nurse practitioner, and an administrative assistant. Their services are supplemented by extended staff from state agencies and the Hamilton Elementary School.

According to New Beginnings' Staff Orientation and Training Workplan Description, staff selected to work at Hamilton were chosen because of their "high level of professional skills within their home agencies, as well as the potential for highly interactive services with a wide spectrum of communities and individuals." Having selected staff from the different involved agencies, New Beginnings developed a process to "retrain" them to a more family-focused, preventive manner of working with clients. The training program consisted of more than 40

hours of workshops, seminars, and lectures, which cover orientation to the New Beginnings process, the New Beginnings Center, staff roles and responsibilities, interagency operations transfer, resource and community accessibility, and staff skills development.

Evaluation

New Beginnings is currently being evaluated by Far West Laboratory for Education and Development. Based in San Francisco, Far West has assembled an interdisciplinary team of evaluators representing professional disciplines including health, child development, and education. These evaluators will assess the process as well as the demonstration program, and are interviewing participants, staff, and management. They are also reviewing process documents and materials.

Program Concerns

The "top down" approach of the state executives who developed New Beginnings has yielded fairly significant success at the process level. They have developed blueprints for an integrated system of service delivery, which makes a wide range of services more accessible for families. They have devised an approach without the allocation of additional state money, have shared agency resources, and have demonstrated a willingness to tackle difficult issues that present barriers to service provision and integration. Further, these state executives have attempted to develop a system to share information that does not jeopardize the confidentiality of their clients. They have shown commitment, patience, and willingness to learn while developing a strategy aimed at structural change at the public sector level.

At the program level much remains to be done. The specific goals and philosophy of the Hamilton site, as distinct from the New Beginnings process, have not been well articulated. Perhaps this is because a disproportionate amount of energy has gone into decreasing fragmentation and increasing efficiency of services, with comparatively little attention to program specifics. Although the feasibility study was completed in conjunction with families in Hamilton's area, there is still much to be learned about the families and their needs by the developers of the New Beginnings process.

A second area of concern is defining the roles of FSAs, teachers, administrators, and others involved in service delivery. For example, the role of the FSA is crucial. FSAs connect the family with the school and the public agencies. In addition to being able to efficiently access services within the public network, FSAs must also have the ability to develop a relationship with the school system that respects their alliance with targeted families. Clearly, the persons employed in this frontline role have to be extremely talented and insightful. It appears that a family's continued association with the center is very much contingent upon the FSA. As one FSA noted, "the skill is to be able to talk with people in such a way that they will come back...we [FSAs] do this with varying degrees of success." One problem that continues is that there is little time for preventive programming. The FSAs spend most of their time providing information and referral services to families in crisis.

Staff cohesion is another difficulty at the Hamilton site. In addition to originating from different agencies, the FSAs are of different racial and ethnic backgrounds. Among the full-time FSAs, one is a Latina, one is an African American male, and the third is a male of Asian descent. Each of the FSAs serves primarily the families of the racial/ethnic group he or she represents. Since a decision was made to have the Hamilton site reflect the demographic makeup of the community, and the majority of the residents of the Hamilton community are Latino, as are the majority of the school families, four of the eight staff members are Latino. This has caused some tension as the African American and Asian staff members attempt to make sure that the groups they represent are not overlooked. There has been a conscious effort on the part of the state-level New Beginnings management to prevent the center from becoming too Latino-focused. Issues such as the use of bilingual signs for clients have been handled very carefully.

FSAs are also differentiated by salaries, training, and experience. They are paid according to their home agency schedule, thus FSAs who perform the same function receive different salaries. FSAs also continue to

receive administrative supervision from their home agency. Despite these potential strains, staff have been able to work together effectively. One staff member stated, "we help each other ... if one of us doesn't know [something about a particular agency] the other does ..."

The relationship between the Hamilton School and New Beginnings must be further developed. On paper, the relationship between teachers and FSAs is close-knit; in practice, this has not been realized. The distance from the main building fosters this separation.

The New Beginnings process is an extremely bold initiative of state agency executives.

The development of a multicultural approach to this diverse community is another challenge for New Beginnings. The program hired staff who were members of the major groups expected to be served by Hamilton as a strategy to serve the diverse population. On its surface, this seems to be a sound strategy; however, the work of the FSAs has not been integrated into one approach. The possibility of this integration occurring holds enormous promise.

Moreover, multicultural efforts are developing slowly. Outreach to diverse populations is occurring slowly, and a disproportionate number of Latino families are currently being served at the center. Understanding of different cultural norms is increasing slowly. There are reasons that outreach has been more effective with some groups than others. Some populations have a strained relationship with the school. The program will have to work harder, conduct extensive and aggressive outreach, if it is to overcome this problem. And New Beginnings is just beginning to understand the way services have to be provided to the Indo-Chinese population. For example, they have learned that the Indo-Chinese families will typically make contact with the FSA at his home, because to do so at work would be to "bother" him.

Finally, in the New Beginnings model there are structural limitations to community ownership of the program. The process dictates that the major collaborative partners are representatives of community organizations and government agencies, not community parents or recipients of services. New Beginnings developers doubt that the process will ever be community-run. They do allow for intensive involvement of families and the community in the implementation of the process, and want each site to respond to the community's needs as articulated by its residents. Nevertheless, they see residents primarily as clients rather than partners or program architects.

Strengths

New Beginnings is in the initial stages of developing services for the socially vulnerable; thus, the major strengths of the model are reflected in the process rather than at the demonstration site. The New Beginnings process is an extremely bold initiative of state agency executives. Given the amount of power-sharing and the amount of control that has to be relinquished to allow for collaboration at this level, those in charge of the New Beginnings process have done a tremendous job of pooling resources. They have clearly identified and begun to break down bureaucratic barriers that lead to inefficiency and ineffectiveness in delivering services to the socially vulnerable. Further, they have an intelligent and committed staff directing the implementation of the process at the demonstration sites. Those involved in developing the process have shown a willingness to tackle the difficult task of developing a multicultural approach to service. They have acknowledged that the communities they will serve will be a mixture of racial and ethnic groups and that services must be sensitive to each group's culture.

At the Hamilton site, the New Beginnings program staff members are committed to working with socially vulnerable populations. They have developed a training curriculum that addresses the need for workers to be familiar with state and local resources, as well as be able to work with the socially vulnerable. The staff members at the Hamilton site are committed to the population and are interested in learning new ways of working with their clients.

Innovation

New Beginnings' Hamilton site is the school-linked product of a state collaboration. Its innovation lies in the method it has chosen to correct structural problems in service provision to the socially vulnerable. The collaboration among public agency executives goes beyond cooperation to the sharing of personnel, funding, and ideas. They have built the idea of collaboration into the job descriptions of workers in the various departments. There are some potential innovations to be realized within New Beginnings as well. The effort to articulate a truly multicultural service delivery model will contribute greatly to the family support field. The ongoing efforts to train workers across service fields and disciplines may be an important step in training frontline workers in holistic family support.

Walbridge Caring Communities Program – St. Louis, Mo.

The offices of Walbridge Caring Communities Program (WCCP) occupy a wing on the first floor of Walbridge Elementary School on the east side of St. Louis. The school's institutional feeling is muted somewhat by the prominent display of pictures of famous African Americans and ethnic art on the walls. Staff members share offices, but the offices are self-contained units that provide privacy and confidentiality when participants are interviewed. There are classrooms for tutorial and quiet study, a conference room for family intake, and even a small basketball court, a popular gathering place for boys after school.

History[1]

The Caring Communities concept was developed by a collaboration of the Missouri State Departments of Health, Mental Health, Social Services, and Elementary and Secondary Education and the Danforth Foundation. The collaboration hoped to create a model to restructure the service delivery system for vulnerable families in Missouri without incurring new costs to the state. The new service delivery system was designed to "overcome ... the liabilities of past programs, including cultural insensitivity, bureaucratic barriers, remote locations, outsiders who did things to communities rather than with them, narrow categorical approaches to problems, and failure to recognize the family as the appropriate unit of service."

The Caring Communities Program also hoped to develop a system to integrate home- and school-based services for socially vulnerable populations. It established three child-centered goals for the Caring Communities Program to ensure that children: (1) remain in school and experience success, (2) remain in the home, and (3) avoid the juvenile justice system.

Several assumptions guided the development of the Caring Communities Program. The first was that parents are children's primary teachers. Second was the belief that children's problems, in school and in life, are often "rooted in family dysfunction." Thirdly, program architects felt that parental involvement was critical to their efforts to prevent problems in children. Finally, program designers recognized that local resources were inadequate to address the problems of socially vulnerable children and families, and that government "must do more in partnership with local school districts, communities, and foundations ... to ensure the positive growth and development of all children." After two years conceptualizing the program, the founders chose two sites where the ideas would begin to be put into practice—one urban, the other rural.

To develop a method to integrate services, issues of turfism, communication, and flexible programming had to be resolved at the state level. During a year of lengthy education and planning sessions, the program partners developed strategies for the state departments involved to share resources (including monetary resources). In May of 1989, the Caring Communities Program hired Khatib Waheed as director of its urban program, the Walbridge Caring Communities Program (WCCP), and established governing boards, including an advisory board. The Walbridge Program was funded through the development of financial conduit agencies which received state monies.

[1] Historical information compiled through interviews with staff and from information provided by the Philliber Associates evaluation of the project.

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It was Waheed's mission to develop the Caring Communities Program at the Walbridge site. A member of the Walbridge community, Waheed was well-known and respected for his commitment to and work with the community. His initial tasks were to identify the risk factors that would form the basis of child referrals, develop program descriptions, hire and train staff, elicit community input, and develop strategies for integrating this input into the program.

Waheed involved the entire staff of Walbridge School in student needs and in determining the risk factors or behaviors that would yield a referral to WCCP. The following criteria were identified as risk factors:

- Frequent absenteeism
- Excessive tardiness
- Academic failure (repeating a grade, or below-average performance)
- School expulsion
- Aggressive social behavior
- Prior involvement with juvenile authorities
- Impending out-of-home placement
- Drug abuse or drug trafficking in the home
- Emotional or mental handicaps
- Behavior disorders
- Learning disabilities
- General parental neglect
- Sexual abuse
- Physical abuse

After the needs assessment was completed, a year of planning ensued during which Waheed and others selected program components, hired staff, and set up infrastructures for the program within the school. WCCP opened its doors for service to the Walbridge community in November 1989.

Population/Community Served

Walbridge is a community of 34,000 predominantly African American residents; half are children and youth. It is estimated that between 30 and 50 percent of the families in the community are headed by single mothers. Many of these are multi-generational welfare families. The median family income is $10,500. Approximately 500 children, preschool through fifth grade, attend Walbridge Elementary School.

WCCP focuses on serving those families within a four-block radius of the school. Waheed considers Walbridge to be a "student-driven, family-focused, neighborhood-centered delivery system." In addition, the program makes every effort to employ parents as staff.

Program Services

Because of the number of players involved in the development of the Walbridge program (the state, the community, the school, and the families), developing a strategy that would incorporate and respond to the needs of all the participants was a difficult task. To elicit community input, the program director and program staff members went door-to-door to find out what residents wanted. They held community meetings to develop a forum for residents to collectively air their concerns. They held focus groups with school staff to assess the needs of teachers and the schools. They talked to neighborhood business, religious, and political leaders. Information gathered from all these sources helped determine the initial program components: substance abuse counseling, respite services for children and parents, home visiting and in-home counseling, and a latchkey program providing academic support to children before and after school. All services are offered either within Walbridge Elementary School or in the homes of families of children attending the school.

WCCP child-centered prevention services include:

- After-school tutoring
- Cultural presentations in classrooms
- Drug-free recreation
- Before- and after-school latchkey programs
- Pre-employment/job placement
- Teen leadership development
- Respite care

Treatment services focusing on the needs of children and families include

- Anti-drug task force
- Case management
- Day treatment services
- Drug and alcohol counseling
- Families First
- Health fairs, outreach, and screening

The concept of Afrocentricity provides the cultural and social context for all Walbridge services. Adapted to the program by Waheed, Afrocentricity promotes appreciation for the differences between African Americans and other racial/ethnic groups.

Three Walbridge services are of particular note: (1) The latchkey program provides before- and after-school tutoring and counseling services for children. (2) The respite care program allows parents and children time out from one another. One weekend per month children sleep over at WCCP while parents have a night off. (3) Families First is a short-term intervention to provide comprehensive services to families in crisis. Generally, Families First serves families for only 90 days. Walbridge has combined its case management program with Families First to extend assistance for up to one year.

Method of Service Provision

Walbridge services are linked by a case management system, which addresses immediate needs of families and provides for ongoing support and referral. Case management includes individual and group counseling, regular classroom visits, links between school and families, and brokering services for families in crisis, such as assisting with utility restoration and providing for emergency food. Walbridge staff are "school-based," although they are not part of the school administration and are not involved in classroom curricula. Rather, WCCP staff are involved in activities such as classroom presentations; in-home, group, and individual counseling; and tutoring. Staff focus on prevention, or in the words of the program director, "looking at what is placing Johnny at risk of school failure." Teachers are not generally trained to consider family factors such as abuse and neglect. WCCP helps teachers to view school problems in the greater context of family functioning.

When a classroom teacher refers a family to WCCP, WCCP arranges a meeting at the parents' convenience with a representative of its staff (until recently the director was the staff representative at all meetings), the teachers, and the WCCP caseworker. At this meeting, the family's health, social, and economic needs and concerns are assessed. At the end of the assessment, the team recommends a range of WCCP services to the parents. The parents can accept or reject all or part of the plan. Most parents accept the offer. Within 24 to 48 hours, Walbridge makes contact with the family to begin delivering services. Quick contact differentiates WCCP from state service delivery, which can take weeks—and in many cases months—for children and families to start receiving services.

Program Staff

WCCP employs 25 full-time and part-time workers with a variety of educational backgrounds. Many hold professional degrees in psychology, social work, and other human service professions; some have passed a high school equivalency test. The program tries to hire community residents whenever possible.

Funding

The program's 1992 budget was approximately $700,000. The majority of funds were provided by the collaborating agencies (approximately $600,000), with smaller operating grants provided by national and local foundations (including the Danforth Foundation) and the federal government. The collaboration has allocated a budget of nearly $850,000 to WCCP for fiscal year 1993, and has projected a budget of $4.5 million for Walbridge and expansion sites for fiscal year 1994.

Evaluation

Philliber Research Associates conducted an evaluation of the program in 1989, one year after WCCP began providing services. The evaluation revealed that the program had been somewhat effective in meeting state goals. Evaluation results (based on a small sample size) indicated that in WCCP's first year, children served intensively (those receiving Families First or case management services) by the program experienced a great increase in academic performance as compared to students in nearby neighborhood schools who were not Walbridge participants. Results also indicated that, after controlling for age, all Walbridge children showed greater improvements than did children in other neighborhood schools. Further, the improvements appeared to be greater the longer students were tracked.

The Walbridge evaluation illustrates the difficulties evaluators experience when they attempt to measure the effectiveness of program intervention. Of the three outcome measures (improvement in academic progress, reduction in out-of-home placement rates, and avoidance of involvement with the juvenile justice system), evaluators could only find data on academic progress. Obtaining this information was difficult as there was no centralized, automated system of tracking students through the Missouri public school system, and no systematic way of tracking student progress if students had attended more than one school. This was extremely relevant for Walbridge students as many of their families had lived in more than one school district. Because Walbridge Elementary School did not have a centralized record-keeping system, individual teachers, rather than the school's administrative staff, kept student records. Thus, the type of information recorded for each student was not standardized.

Program Concerns

The project director's hands-on involvement permeates the Walbridge Caring Communities Program and seems to be the key both to parents' confidence in the program and to successful collaboration between the school and the program. As Caring Communities is replicated in other St. Louis communities, this reliance on Waheed may be problematic. Plans call for five elementary schools, all feeding into a single high school, to run Caring Communities programs. Waheed will be involved in the establishment of these replication sites, reducing the amount of time he has available for WCCP.

Continued involvement of community residents in program development is also a concern. Parents were very active in the initial stages of WCCP, especially in the selection of services. They served as members of an advisory board that helped the collaborating agencies understand and respond to the needs of the community. As the program has become operationalized, however, parent participation in the advisory board has begun to wane.

Staff turnover at the state level is another challenge. As those who initiated the collaboration are replaced by others, the collaboration must continue to be managed well. Turnover at this level could also affect financial support for the program.

Strengths

One of the strengths of the Walbridge Caring Communities Program is the power and strength of its director. He has successfully negotiated the development of a program that serves the needs of the Walbridge community and meets the objectives of the state. His vision of service provision at WCCP has empowered neighborhood families. He has successfully developed a program that encourages involvement by emphasizing the strengths of African American families in Walbridge. He is committed to collaboration.

The collaborating partners have been exceptionally committed to and supportive of the Walbridge site. They have allowed the program staff, school staff, and participant families to develop a program responsive to the needs and desires of the community.

Defining community as a small geographical area has ensured intensive prevention and treatment efforts directed toward a relatively small and homogeneous population. Community members have mobilized to rid the community of drugs, and Walbridge has helped to socially and politically unite residents.

Innovation

The Caring Communities Program at Walbridge is a public sector/community collaboration with a school-linked service delivery system. It is an innovative model of collaborative integrated services and community empowerment. WCCP additionally appears to have become a force for change in its neighborhood, galvanizing participants and local authorities to act on behalf of their community, the area immediately surrounding the local elementary school. WCCP also has worked to modify public sector programs to meet the needs of the Walbridge community, breaking down state service provision barriers. Walbridge has embraced an ideological perspective, Afrocentricity, which is incorporated into all service and which fosters community spirit, pride, and program ownership among participants.

CHAPTER THREE

Management & Development of Comprehensive Community-Based Programs for Socially Vulnerable Populations

To be effective, community-based family support programs serving the socially vulnerable must become a part of the fabric of their community. Strategies for working with children and families must be tailored to their needs and those of the community. The literature and evaluations of successful family support programs point to the need for programs to develop their own character and the need for staff members to exercise creativity in responding to participants. A number of people play crucial roles in the management and development of family support programs serving the socially vulnerable. This chapter discusses the roles of major players in three programs that have shown creativity in developing these roles.

Governing Structure

Generally, programs are initiated because some need has been identified for a particular population. The person or group of people who identify this need might join the program governance team. This team, which may include prominent members of the philanthropic community, researchers, practitioners, and sometimes community residents and program participants, develops the program's mission and seeks the initial funding. The governing team must successfully complete at least three tasks:

(1) identify a need and match it well to the population the program intends to serve—often problems, such as poor participant attendance, are caused when the program developers do not perceive the same needs as participants;

(2) develop a mission consistent with family support principles that reflects an understanding of the importance of the community and program participants—the mission sets the tone for the program, provides guidelines for staff, and determines who will receive services and how they will be provided; and

(3) maintain consistent, sustained involvement with the program—governance team involvement must be balanced with flexibility to allow the program to grow and develop in response to community needs.

The boards of each of the programs studied are actively involved with their programs, although the type of involvement varies.

Family Place

The board of directors of Family Place is composed of 16 members. Members bring a wide range of expertise and contacts to the program, including health and medicine, law, social work, and communications. The majority of Family Place board members are white. Two African American females and one Latino are the only minority members of the board. The Family Place board takes a very "hands-on" approach to the program, because the board chair is also the program's visionary, and until recently was its director. The chair is well known and respected within the Washington, D.C. area. Her commitment and dedication to the program and relationship with influential persons helped the program to stay afloat in its developmental years. As director, she worked closely with the program director, writing proposals and reports to funding agencies and overseeing the continued development of the program. The program director had primary responsibility for day-to-day operations, although initially all personnel procedures and other policies and practices were implemented only with the approval of the director (chair of the board). Over the years increasing responsibility for the program shifted to the program director. The program director began to work with the director to develop funding for Family Place and became the official spokesperson for the program.

When Family Place began its replication in the Shaw community, the director and program director decided that a new administrative structure was necessary. The director moved into a more traditional role on the board (although she continues to run a Bible study group in the program and work with the executive director on funding and program development issues), and the program director was promoted to executive director, responsible for the management and development of both programs. Each program

has a program director responsible for day-to-day operation and staff supervision. The board chair and the executive director continue to share a close working relationship.

This relationship seems to have benefited the chair and executive director, as well as the program, although it is not without difficulties. Both the chair and the executive director have strong personalities; each has strong beliefs and cares passionately about the program. Had this not been the case, the program might not have survived its initial years. However, these are also the ingredients for conflict. At Family Place, this potential for conflict was exacerbated by the power differential between the two, resulting from their positions within the organization and racial/ethnic and class differences. The executive director, a Latina, was initially very tentative in her relationship with the chair, hesitating to challenge her authority in the management and development of the program. She also felt that the skills, experience, vision, and talent that she brought to the program were initially not appreciated. Over time she became more willing to challenge and she felt that the chair became more willing to listen. As she became more comfortable in her role, and as she felt the chair's respect for her competence grow, she became more assertive on behalf of herself, the program, and the community. The chair and the executive director of Family Place were able to overcome difficulties because they are both open to differing perspectives and are willing to acknowledge personal weaknesses. By keeping open lines of communication, they were able to develop a relationship that allowed both of them to grow and benefited the program.

Although it appears to have been done successfully at the Walbridge site, establishing collaboration between government agencies and a neighborhood program is not easy.

New Beginnings

New Beginnings is governed by an executive committee, which is the planning committee for the interagency collaboration. The executive committee includes the executives of the public agencies. Each member of the committee is responsible for providing direction to the New Beginnings Center and making sure there are sufficient "staff, furniture, supplies, and equipment for the Center to accomplish its work." The committee also makes sure that there are enough staff located in home agencies to support the Center. Staffing and miscellaneous support services are contingent on the funding provided by the budget of each agency. A coordinating council was established to carry out initiatives of the executive committee. The coordinating council is composed of middle- and upper-level managers of the agencies included in the executive committee. The council also includes the center coordinator, the school principal, and staff representation. San Diego City School is the fiscal agent for New Beginnings.

Since an important goal of the program was to develop a process without a new infusion of money, the agency executives continued to work on methods to develop different funding streams and in developing new policy (or enacting changes to old policy) at the interagency level.

The co-chairs of the coordinating council (the assistants of the process originators) were chosen to develop the process at the client level. They are responsible for supervising the Hamilton site and developing new sites. They remain the liaisons between the public sector and the program. They hired the center coordinator at the Hamilton site, and monitor and develop the training protocols of front-line workers and write grants for additional funding. The two co-chairs keep the agency executives informed of the issues that arise at the site and serve as spokespersons. In this way the agency executives maintain an indirect involvement in the development of the program.

Maintaining a steady flow of information and having the patience, persistence, and commitment to keep open the lines of communication at the agency executive level has facilitated the development of a very efficient process at the state level and ensured the development of a knowledgeable, informed, and committed executive committee.

Walbridge Caring Communities Program

WCCP is governed by a three-tiered structure, including representatives from state and local agencies. The Missouri collaboration has taken a "hands-off" ap-

proach at Walbridge, allowing the director to design and develop a program sensitive to the Walbridge community. The collaboration maintains its connection with the program through contact with an interagency team, which was established to serve as the link between the program and the executives. The interagency team is composed of one representative of each of the collaborating agencies. Its responsibilities are to facilitate system reform and break down the barriers to effective service delivery. The council meets bi-monthly as well as on an as needed basis. An advisory board was also formed to provide assistance to the program in developing services. Walbridge parents, community leaders, school staff, and representatives from the collaboration each compose one fourth of the advisory board.

Although it appears to have been done successfully at the Walbridge site, establishing collaboration between government agencies and a neighborhood program is not easy. All the parties had to be committed and open to learning and understanding the issues that face the community and its residents. Board members needed education to ensure that the partners could develop a shared vision, resources (including money, time and space), and power, and could recognize that the process was going to be slow and time-consuming.

The governing board is an essential player in developing effective programs to serve socially vulnerable families. A strong board must provide more than financial backing. It also must provide leadership and consistent, sustained support. Two concerns should be noted. The first is board turnover. It takes considerable time to develop a program, and board turnover is inevitable. However, the turnover of program originators can be devastating to a program. It would be difficult to imagine that the three programs studied here could survive if instrumental board members were to resign. However, it is important for a program to have the capacity to sustain loss of board members. Governing boards must orient new members to the program's mission and provide enough education and support to help new members to "buy into the vision" and "get them up to speed," as the chair of Family Place put it.

A second concern is whether the governing board can maintain the commitment "over the long haul" since each state of program development can be difficult, tedious, and lengthy. All three programs, despite some turnover, have managed to create and re-create boards that continue to be committed to the programs. The programs have accomplished this by ensuring that new members understand and buy into the program's mission and are willing to work hard to preserve it.

Funders

After the mission and conceptual framework have been developed, the next step is securing funding. By providing the program's operating costs funders set the parameters within which the program can operate. Funders should be sought who understand the special issues regarding community-based programming. Specifically, they should be familiar with the history and demographics of the community in which the program is located, and should understand the dynamics of developing programs for socially vulnerable communities. Funding was an issue for all three programs. However, the concerns were different for each.

Family Place

Since Family Place relies primarily on private funds, it has had to repeatedly seek funding to develop new services and continue older ones. Family Place has an annual budge of more than $3.4 million. First Family Place elected not to seek public funding because it did not want the constraints that generally accompany public funding. It has been successful over the years in gaining enough private support to ensure the program's functioning. This has not been easy, however. The chair of the board notes that she only recently has begun to feel that "the program will not go away if [she] blink[s]." It has for the most part been successful in avoiding the trap of developing services in response to available funding rather than to the needs population. It has done so by operating on a minimal budget that ensures assistance to participants but pays staff at below-market levels.

New Beginnings and Walbridge Caring Communities Program

In the two state-collaboration programs, New Beginnings and WCCP, funding is ensured by the collaboration itself. In both cases funding has been sufficient to offer staff competitive salaries and provide appropriate operating expenses for the programs. This has greatly relieved programmatic stress for program directors and staff. Funding issues for the state-collaboratives arise over the fiscal health of the state. In both collaboration-developed programs, the collaboration partners have attempted to be cost efficient. No new public-sector funds have been expended by either collaboration. Instead, they rely heavily upon funding from foundations for process and program development. This can cause problems for the collaborations. While foundations may make long-term grants, few foundations are willing or able to fund programs indefinitely. As cash-strapped public agencies use service integration to contain costs while developing more effective programs, they also must make allowances for the true costs at the program level. Other public-sector representatives say more funding is needed from a higher level, i.e., the federal government. Given the federal government's current constraints, this is unlikely.

Given the nature of program development within socially vulnerable communities, funders, both public and private, must commit to long-term funding. Our research indicates that it takes three to five years to develop a strategy to meet the needs of socially vulnerable communities. Beyond this, it takes a program three to five years to develop roots in a community strong that are enough to survive environmental assaults and to inspire community trust.

Management Staff

The program director has traditionally been the person most important to the success of a community-based program. The program director must lead in the development and implementation of the conceptual model and convey the program's mission to the community, staff, and participants, and balance the tensions among them. The director enables staff members to be responsive, innovative, and creative in their work with participants by encouraging their professional development and by alleviating stress often created by external program demands. The director also communicates participant needs to the board and responds to them within the program. The director, additionally, develops the community infrastructure by forming partnerships with other organizations and serving as a board member for other groups in the community. This individual may also be instrumental in developing and cementing the funding base essential to the program's longevity.

To make the initial hiring decisions, the program director must be attuned to the needs of the community and well-versed in program goals and objectives. The director has to have enough direct practice experience with families to understand how to foster creativity among staff members and to see the importance of doing so, and enough administrative experience to give staff members clear guidelines on the manner in which they will work. The director also has to make the important decisions regarding the mix of professional and paraprofessional staff and the manner in which participants will be hired. Just as staff are expected to be advocates for their participants within the program and the community, so the director is expected to be the advocate for staff members within the program and to the board. The director must ensure that the respect and value given to participants is reflected throughout the program.

The director's role with participants is critically important and complex. The director sets the tone for the organization by welcoming participants and inviting their partnership. In may programs, the director is also a member of the program staff and provides services to participants. This budget-maximizing strategy is common in initial steps of development although it is not recommended since it potentially confuses the lines of authority within the program. The director must have the opportunity to know and understand the participants without interfering directly in service provision.

Family support programs that work well in socially vulnerable communities are effective because they have strong leadership at the program level. Deficiencies at this level often lead to problems in service provision. Boards

often place unrealistic expectations on directors (such as expecting them to be managers, practitioners, fundraisers, and public relations experts simultaneously). Unrealistic demands and the problems they cause will always trickle down to the program level. Boards may also err in the selection of the director. Some will choose good practitioners to place at the helm; others will choose pure administrators. It is clear that directors must have experience in both. Additionally, as it can be exceedingly difficult to engage communities and participants, directors must be charismatic communicators who are able to motivate staff, communities, and participants alike. These characteristics can be both a source of strength and a potential weakness as the program develops. Charismatic leadership places responsibility for program continuation on one individual; hence removing the leader may threaten the existence of the program.

Family Place

Family Place is managed on site by a program director, who in turn is supervised by the executive director. The program director, a Latina, is a licensed clinical social worker with 10 years of clinical administrative experience. She has direct responsibility for the supervision of the family workers and the parenting coordinator and indirect responsibility for the supervision of all program staff. The program director handles the daily operations and administration of Family Place and carries a small caseload.

The executive director of Family Place is responsible for the overall management and continued development of the program. She supervises the program director, ensures continued funding through the development of funding proposals, and submits progress reports to funders. She advocates for the program at the local and national levels and continues the process of developing organizational affiliations with D.C. agencies serving the Latino population. She is the barometer of the program, working with staff to continuously assess participants' needs, then working with the board of directors to develop program initiatives and policies. She attempts to maintain contact with participants so that she can better understand their needs and translate these into program policy.

The management style at Family Place is egalitarian. The executive director and program director feel that to ensure a creative workforce, staff must empower their clients, so the program must empower staff. Staff must feel as responsible for the continued strength and development of Family Place as do both administrators. The executive director and program director make themselves as available to staff as they possibly can. The program director provides weekly clinical supervision (one hour per week for each family worker) as well as on an as-needed basis. The executive director meets with staff as much as possible to help resolve problems and to allow herself to continue to "feel" the program as it evolves. Her willingness to take risks is demonstrated by the number of program components initiated by staff, and by the fact that she is willing to allow staff to resolve their own issues. Whenever staff conflicts have occurred, she has shown a willingness to ride these out so that staff can reach their own compromises in the best interest of the program. The success of this management style is clearly evident in the high morale of Family Place staff, despite the high level of stress they feel in their work with participants.

The stresses felt by the line staff, however, are intensified for the program management staff. For instance, the program director at Family Place is ultimately responsible for the work done with the 150 participants who form the family workers' caseloads. She must provide direct supervision to the line staff and help them to develop plans to work with participants. She "feels" the pain being experienced by all the participants and must prevent the pain from crippling her work with the line staff and their work with participants. She reports this to be a particularly difficult challenge, as she has no outlet for the strain she feels from bearing the clinical burden of the program.

The executive director relates similar difficulties in her attempts to make the program responsive to the needs of the participants, the program staff, the board of directors, and the funders. Her promotion to executive director has removed her from direct contact with participants and the staff of Family Place. She views this contact as essential in helping her to develop and maintain a responsive program.

New Beginnings

The management structure at New Beginnings' Hamilton site is very complex. The program is managed at the process level by the collaboration. The coordinating council manages the development of sites. The collaboration liaisons handle specific program issues. They are responsible for hiring the center coordinator, who oversees daily program operations and provides on-site supervision of program staff. Staff are also supervised by their home agencies. The center coordinator position is not designed to be the typical program director position characteristic of family support programs. Rather, the coordinator is to ensure that staff implement the process and establish connections to community groups.

Initially, a Latina with strong community organizing ties (but no ties to the City Heights [Hamilton] community) was selected as center coordinator for the Hamilton site. She held the position for two years, through the first year of program implementation. She was recently replaced by a new center coordinator who is a long-time community resident and has experience with the Hamilton school district.

Walbridge Caring Communities Program

Day-to-day operations and administration at WCCP are managed by the project director. He supervises the five coordinators of the major program components: the nurse (who serves the school as well as WCCP), the latchkey coordinator, the substance abuse counseling services supervisor, the Families First supervisor, and the case management supervisor. He also assesses students and their families and assigns cases to WCCP staff. He receives secretarial support from a clerk typist. Program component supervisors are responsible for supervising front-line workers.

Program Staff

The program staff implements the program. Since program staff members have direct contact with participants, they know and understand the community and the needs of the targeted participant population. The behavior of the program staff in many ways determines whether the program is actually responsive to participant needs.

If the process of developing the program has proceeded thoughtfully, the selection of staff will be straightforward. That is, if the program's mission and services match the needs of the target population, the type of staff needed to fulfill the mission and deliver the services will be apparent.

At least two key issues emerge as staff selection begins. The first issue, the type of prior professional training of staff, is usually addressed by employing persons who have been trained in the discipline that corresponds with the mission of the program. For instance, if the mission of the program is to provide support in the early education and development of young children, then some staff will have had experience in early childhood education or child development. If the mission of the program is to improve the health outcomes of children, then some staff need to have been trained in child health or medicine. In all likelihood, these will be the first staff hired, since a clearly defined need has been identified and matched to the participant population.

The second issue that confronts program developers is whether to employ a professional staff, a paraprofessional staff, or a mix of both. If the latter method is selected, what is the right mix of professional/paraprofessional support? Most programs have determined that at least some staff should have professional training and be degreed in a particular professional discipline. Equally important are the experience staff bring and their personal philosophy regarding program service to the participant population.

Each program studied has developed a staffing pattern that responds to the needs of its individual community.

Family Place

Family Place is staffed by a corps of dedicated women who have deep compassion and a commitment to serving the Salvadoran community. All staff are bilingual, some are Latino, some are Salvadoran, and some are former participants of the program. Line staff include:

- Intake worker— provides initial assessment of participants and reports to staff at intake meeting
- Family workers— provide case management services and informal counseling to participants

- Breast-feeding counselling coordinator/activity coordinator—monitors the activities of breast-feeding counselors; develops social activities such as major holiday celebrations for parents and children
- Breast-feeding counselors— provide education, support, and assistance to new mothers
- Education coordinator— develops all educational programs such as classes in English as a Second Language (ESL), Spanish literacy, and English literacy; supervises those who teach classes
- ESL coordinator— teaches class that helps participants to become proficient at speaking English
- First Friends coordinator— recruits and trains participants to be role models for adolescent mothers
- Parenting coordinator— develops activities for parents and children; assesses developmental needs of children; links children with services in community
- House manager— ensures that the facility is clean and well stocked
- Receptionist— greets participants and visitors, answers phone, connects participants with intake worker
- Cook— cooks meals and ensures nutritional quality of food
- Childcare workers— provide developmental activities for children while parents are engaged in group or individual work

One member of the program staff has a master's degree in a human services-related field. Three other members of the program staff hold bachelor's degrees in areas other than human services. Most of the remainder have high school diplomas. All staff members have either had work or life experiences with Salvadorans; several have had paid or volunteer experience working with socially vulnerable populations. Nine of the program staff are former participants. They hold positions that allow them to be peer counselors (all the breast-feeding counselors are former participants) or to serve as role models (in the First Friends program). Both the executive director and the chair of the board point to the need to be extremely careful in employing program participants (or community residents). They feel that jobs should not place participants or residents in contact with issues that they have not personally resolved, or put them in positions for which they have not received training.

Because of the intensive work required of Family Place staff, management takes special care to ensure that those hired fit into the Family Place philosophy. Prior to this year, most hiring was conducted by the executive director, who suggests that "life experience is sometimes more important than the education that staff brings to the work." She feels this to be especially true for the line staff, who must do the hard work of connecting with participants and empowering them to solve their own problems. She searches for staff members who are willing and able to enter into an alliance with participants, do not look down on those less fortunate, and see value in all people. She feels that line staff must have realistic expectations of what they can accomplish and the patience to work closely, intensively, and over the long term with program participants. They also must fit in well with the staff already on board at Family Place; therefore management takes great care filling each opening. Developing a workforce in this way has allowed Family Place to establish an extremely cohesive staff in which everyone seems to be committed to the same principles and supportive of one another. Staff members report that there is no backstabbing, and no power struggles. As one staff member said,

> When they hire you it is stressed that no one is more important than anyone else here . . . and they really hire people who believe this. This place is the first and only place I've ever worked that is free from staff tension. Everyone here is very supportive of everyone else. We all pitch in to help. We all participate in everything that goes on. The cook has the same rapport with the executive director as does the program director.

Family Place has an extensive training program in which everyone, including the cook and the receptionist, is involved. Staff retreats and training sessions are frequent; the agency shuts down for an entire day each month so that all staff (with the exception of a rotating, designated receptionist for the day who makes sure that any emergencies are handled) can receive training on a particular issue of concern to Family Place and its participants. This means that everyone shares in the work of Family Place, has some sense of the difficulties in working with the population, knows the issues facing the program, and has the opportunity to air concerns and receive support and encour-

agement. Everyone knows where the program is and where it is heading. Often, training is initiated at staff request.

Training is an important part of the Family Place program. It helps staff to remain sensitive to issues that are crucial to working with participants, thereby helping to alleviate some of the stress staff members feel. Because staff members have not necessarily been trained in a particular discipline, training conducted by Family Place allows the program to shape them in a way most effective for the center's needs. Training also allows Family Place to hire participants to work in various positions within the program.

Family Place has an extensive training program in which everyone, including the cook and the receptionist, is involved.

New Beginnings

Five front-line workers serve parents and children at the Hamilton site. They include one part-time and three full-time family service advocates (FSAs) and a part-time nurse. Additional support is provided by the "extended team," which includes staff of the partner agencies of the collaborative.

The FSAs provide the critical link between the families and the New Beginnings collaborating partners. FSAs carry an active caseload of between 30 and 40 families and an overall caseload of 80 to 90, including one-time services. New Beginnings categorizes cases into three types (families involved with multiple agencies, medium-risk families, and initial assessments) and limits the number of each type in any given worker's caseload at one time.

FSAs provide information and referral and some counseling to help clients access support services. Of the three full-time FSAs one is from the GAIN program (a jobs program), the second is from Child Protective Services, and the third is from Social Services. Two of the FSAs hold master's degrees; one is trained at the bachelor's level. The part-time FSA holds a master's degree in mathematics. The full-time FSAs represent the three predominant racial and ethnic groups at Hamilton Elementary School: African American, Asian American and Latino.

The FSAs receive administrative supervision from the center coordinator. They also are supervised at their home agencies, where they visit for at least four hours per week. As a result of their diverse educational backgrounds and their employment by their home agencies, the FSAs received different types of training prior to their placement at the Hamilton site and have different philosophical perspectives regarding work with clients. The difference seems to have affected the type and concentration of services to individual families as well as whom they see as their clients. Among the full-time staff, two work primarily with students; the third works mostly with families.

One of the challenges confronted by New Beginnings has been to develop training consistency among its Family Services Advocates. New Beginnings conducts workshops and other training activities to "reorient" the FSAs to their new roles. Because of the differences in experience and training among FSAs and the differences between New Beginnings' philosophy and the philosophies of the home agencies, staff training is an essential element of the program at Hamilton. Over the past year, staff members have participated in a number of training activities. Training topics have included:

- Working cross-culturally
- Working with the school staff
- Case management and service planning
- Confidentiality (concurrently the program is developing ways to facilitate the broadest sharing of information possible)
- Data collection (New Beginnings is developing a data-management system)
- Prevention

The program also is developing a management information system to facilitate training, data collection, and evaluation.

After two years of service, all the FSAs have remained at the Hamilton site despite a clause in their contracts that allows them to leave the demonstration site and return to their home agencies.

Walbridge Caring Communities Program

WCCP has been able to hire and retain a committed team of professionals and paraprofessionals. Staff members receive training at the time of employment, and training is ongoing. Training consists of orientation to the program, team-building, and on-the-job workshops and seminars. Management stresses flexibility as the single most important factor in meeting the community's needs. There has been little staff turnover in three years. The work is very demanding and director Khatib Waheed feels that these types of programs need to have a range of educational disciplines represented among the staff and that staff need to be paid enough that they will stay over a long period of time. Staff members include:

- Program director
- Clerk typists (two full-time and one half-time)
- School nurse
- Coordinator of latchkey program
- Youth educator assistants (four)
- Supervisor of substance abuse counseling program
- Counselors (three)
- Families First supervisor
- Home therapists (two)
- Behavior therapist
- Supervisor of case management
- Case managers (three)

Program Participants

The role of the participants in a community-based family support program can evolve very dramatically over the life of a program. Programs seek to involve families as much as possible in the decisions affecting their children's lives and in the ways they interact with the program. Because of their focus on empowerment, family support programs mark a departure from the typical approach that programs employ in serving socially vulnerable families. Historically, these programs have viewed participants as passive recipients of services; family support programs stress the development of a partnership between the program and its participants. WCCP views participants as having the right and responsibility to be engaged in all aspects of programming, from mutual selection of individual family goals, to employment within the program, to involvement in the program's continued development and governance. For many programs, participant involvement is realized at the initiation of the program, as participants are actively involved in the initial needs assessment. For others, the involvement of participants evolves as the program evolves. Participant involvement increases as the program stabilizes, as providers are better able to understand and respond to participants' needs, and as participants are better able to articulate their needs and to demand involvement in program development and governance.

In assessing the role of participants there are a number of issues to be addressed: (1) *Selecting services that fit the participant population.* One of the hallmarks of family support programs is that they are voluntary. In many ways this is a good check of the fit between selected program participants and the program services, as those who perceive the program as meeting their needs will become the program participants. In other words, people will only use services that fit their needs. Most programs attempt to overcome this obstacle by conducting a needs assessment of the targeted population. Combined with a demographic analysis of the community, such an assessment provides a composite picture of the problems facing the community. What is selected from among these problems as the basis of program services will determine who will use the services.

There are two dangers inherent in such an approach to needs assessment. First, program developers often have preconceived ideas of the services to be offered. These may be only tangentially related to the needs identified in the assessment. In this scenario, the needs assessment is completed only as a formality—because developers have an idea that this is a "correct" way to initiate a family support program. Second, a needs assessment may unrealistically raise the expectations of prospective participants. Often a needs assessment will cause participants to expect the program to address the need that the community perceives as most pressing. To the extent that the program does not, the targeted population may feel "set up" or used by program developers, resulting in diminished

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participation. Participants may use the program for basic services, but may never fully embrace it. This may well hamper the program's effectiveness in addressing the problem it has identified.

(2) *Programs, in their eagerness to empower participants and involve them in all aspects of programming (including employment), should not oversimplify the training and skills needed to successfully develop and manage a comprehensive community-based program.* Unless the program developers can identify those in the community who have the specific training and experience in the areas needed by the program, they would be wise to move slowly in this endeavor. Few programs can handle the stress and tension that over-involvement of participants can cause in the initial management and development of a community-based program. Programs that have successfully "empowered" participants have done so after spending the initial time and effort getting to know and understand the community and its residents.

Residents with severe needs are not likely to use services until the program has established a record of effectiveness and has conducted aggressive outreach.

(3) *Programs may experience some initial difficulty in engaging participants.* Because of their history of being "exploited" by the promises of new programs that start up and fail, of being involved in the local, state and federal welfare systems, and of being used as subjects for research, residents of some socially vulnerable communities may resist accepting the services of a "new" community-based program. Program developers may also find that the people who are initially attracted to the program are the most highly functioning members of the community. Residents who have more severe needs are not likely to engage themselves in services until the program has an established record of effectiveness, or more likely, until and unless there is aggressive outreach by the program.

Family Place

Participants were not involved in the initial development of the program; however, once the program began to focus its services exclusively on the Salvadoran population, Family Place sought to actively involve participants. A parent advisory council was established to advise the board and the program director about participant needs. The council also worked to develop activities that would foster a sense of community among Salvadorans and to help with resettlement to D.C. Holiday parties were held at the center for all families and field trips were developed to help participants learn about the city and the country. Over time parent involvement in program development and governance diminished as the council began to focus more on social activities.

More recently, participants have expressed the desire for more involvement at the program level. Participants, staff, and management are currently attempting to resurrect the original role of the council. A parent was recently elected as a voting member to represent parents on the Family Place board of directors. The executive director feels strongly that Family Place should be governed entirely by participants. She has tried to give participants the opportunity and authority to run various program services. For instance, she strongly encouraged participant management of the First Friends program. This effort was unsuccessful, with participants faulting lack of time to devote to this activity when they had to work and take care of their homes.

New Beginnings

Participant involvement has evolved very slowly at the Hamilton site of New Beginnings. The collaboration partners expressed a desire to first "get their house in order" before inviting the community to the table. At the process level this appears to be a sound strategy. At the program level, however, this approach seems to have caused problems, as participation in center activities was less than the collaboration had expected. Recently, workers were hired to begin outreach to the community. In the center's first two years there had been no community

involvement in its development and governance other than community members' participation in the initial feasibility study. However, the program is beginning the task of getting to know the community. They have hosted "getting-to-know-you" fairs, opening-day festivities, and anniversary celebrations, all of which were well attended.

Walbridge Caring Communities Program

WCCP was developed in a "top-down/bottom-up" manner. Included in the process of developing the program were those who usually provide or receive public services (such as teachers and parents) but normally do not have a voice in program development and policy. WCCP designed the menu of services to accommodate these members of the community, as well as to include those the state considered important. Thus, the program has been developed by building on the strengths that were inherent within the community.

Parents, residents, and local agency staff sit on the advisory board, a group that meets bi-monthly to share common concerns and to give input into the further development of the program. The director would like to see more involvement from adult residents in the neighborhood. The advisory board was crucial in the initial development of the program. The board began to transform, however, as participant interest decreased when program operations began. The director would like to see the advisory board "take over responsibility for running WCCP instead of just giving input."

Evaluators

Evaluation of family support programs sometimes occurs as a condition of funding. Programs are expected to be implemented in ways that effect positive health, developmental, and educational outcomes among child participants and economic self-sufficiency among adults. Often the continuation of funding is contingent upon programs being able to demonstrate achievement of these outcomes. The role of the evaluators is to measure these outcomes.

Family support programs, especially those that serve vulnerable populations, are not easy to evaluate. Our study revealed several reasons for this difficulty. First, program development is dependent upon the program's ability to identify and respond to participant need. This can be a very long and slow process if those working on the program do not have prior knowledge and understanding of their participant community. Gaining an understanding of socio-cultural issues for a particular community can take three to five years. Generally, program funding is limited to three to five years; thus funders expect outcomes before programs have really had a chance to take root.

Second, programs serving vulnerable populations are very fragile in their initial years of life. All the factors that make communities socially vulnerable also work against initial efforts to develop programs. Consequently, program development must occur slowly and carefully to overcome environmental obstacles and to establish participant and community trust. Recruiting and retaining a participant base may take up to three years.

Third, the process of change with these populations is very slow. The tangle of unemployment, drug abuse, under-education, racism, and other individual and structural factors may take years to unravel and to begin to be addressed (Wilson 1987). Just as the communities themselves did not develop overnight, positive changes within the communities also take time.

Fourth, many of the elements that make family support programs successful are not easily quantified. For instance, the ability of a program to affirm a participant's value—to help a participant to recognize his or her strengths—is not easy to measure. As the executive director of Family Place asked, "How can you measure a welcoming attitude; the warmth that occurs between a participant and worker? Yet, this is the key to much of what we are about."

Fifth, many participants of these programs are members of racial/ethnic minority groups. Often, evaluation measures are not sensitive to cultural and racial issues.

Finally, there may be tension between program staff and program evaluators. Often, program staff have had prior experiences in which evaluators have failed to cap-

ture the essence of a program, and have instead damned it and jeopardized its existence. Similarly, program evaluators may be called in to evaluate programs that have not developed a clear mission or programmatic goals. Thus the evaluator's task is transformed from assessing outcomes to retroactively inferring program goals and then using these inferences to evaluate the program.

Despite limitations, family support managers view evaluation favorably if it does not attempt to dictate program design and if it is not premature. In fact, program managers view evaluation as a means for helping them to determine if they are responding to participant needs in the manner and intensity needed. To effectively perform this function, evaluators must work in close concert with program managers and staff. Ideally, this relationship should be developed at the outset of the program. This ensures that evaluators understand the environment and participant issues the program attempts to address, as well as the process it employs in responding to these ideas.

Family Place

A formal evaluation of the full scope of the Family Place program has never been conducted. Instead, various program components, such as its subcontract with the Para Ti program and the English as a Second Language (ESL) programs have been formally evaluated.

Evaluation of the Para Ti program was not a pleasant experience for Family Place, since control of the program was under the jurisdiction of another center and the evaluators followed a strict research protocol that did not allow for the development of the program. Evaluation of Family Place's ESL involved the evaluator, a participant advisory board, ESL teachers, and the Family Place program director. This evaluation was a successful experience for Family Place, as staff members were allowed to participate in the development and implementation of the evaluation design. Through this team effort the evaluators were able to demonstrate the program's effectiveness. Family Place is being investigated by a team of evaluators from the University of Illinois at Chicago that is evaluating all Kellogg Foundation projects.

Family Place also engages in extensive self-measure and attempts to connect program services to participant outcomes.

New Beginnings

At the request of the Stuart Foundation, one of the principal funders of New Beginnings, Far West Labs for Education and Development (San Francisco) has been conducting an evaluation of the New Beginnings process and the Hamilton site. A team of evaluators visited the site a number of times, examined documents, and interviewed staff, management, and program participants. The evaluation is unique in its attempts at a multidisciplinary approach.

The evaluation has been delayed primarily because the information needed had not been collected. Thus, a spin-off of the evaluation is the development of a management information system to collect these data.

Walbridge Caring Communities Program

WCCP was evaluated by the Philliber Group two years after it began. A second evaluation is scheduled within the next two years. In the interim, Philliber is assisting the program to develop a management information system.

CHAPTER FOUR

Emerging Themes

Family support as a concept has been embraced by program developers and policymakers in a number of different ways over the past two decades. It has been used to define specific ways in which welfare could be reformed, to suggest essential program or service components, and to define a set of principles to guide social policy. The interpretations of family support have been differed because of the initial reluctance within the family support movement to clearly articulate goals, principles and core program design. (Weiss and Halpern 1991).

Recently efforts to develop a conceptual framework within which to place family support have been introduced. According to the Family Resource Coalition, the goal shared by every family support program is "increasing the capacities of all families to nurture their children" (Goetz 1992). Zigler and Black (1989) state that the aim of family support programs is "not to provide families with direct services but to enhance parent empowerment to enable families to help themselves and their children" (p. 904). Weissbourd and Kagan (1989) suggest that family support programs must focus on the family, rather than simply the child; on prevention, rather than intervention or treatment; and on family empowerment. Dunst (1991) writes, "the aims of family resource [support] programs are to enable and empower people by enhancing and promoting individual and family capabilities that support and strengthen family functioning" (p. 2).

The family support movement has developed a set of principles that describe its underlying beliefs about providing services to families. For example, as part of its 10th Anniversary *Report*, the Family Resource Coalition published a list of five principles:

(1) The basic relationship between program and family is one of equality and respect; the program's first priority is to establish and maintain this relationship as the vehicle through which growth and change can occur.

(2) Participants are a vital resource; programs facilitate parents' ability to serve as resources to each other, to participate in the program decisions and governance, and to advocate for themselves in the community.

(3) Programs are community-based and culturally and socially relevant to the families they serve; programs are often a bridge between families and other services outside the scope of the program.

(4) Parent education, information about human development, and skill building for parents are essential elements of every program.

(5) Programs are voluntary. Seeking support and information is viewed as a sign of family strength, not indicative of deficits and problems.

While these articulations of family support principles are helpful in illuminating the distinction between family support and its predecessor programs, they do not explain how these principles are expressed in individual program efforts. Our study of three programs reveals how programs integrate family support principles with actual practice to address the issues facing socially vulnerable populations. Five themes were discovered among comprehensive, community-based programs that serve the socially vulnerable. Successful programs are *committed*, *responsive*, *affirming*, *preventive and empowering* in the manner in which they develop and provide services to their targeted population:

(1) Family support programs are **committed** to the community they serve, the staff they employ, and the participants of the program. The very nature of vulnerable communities demands that any program hoping to effect change commit to long-term, consistent, and sustained efforts. The issues that place children and families at risk for adverse social and economic outcomes are highly resistant to quick fixes. Family support programs have shown that effective change for socially vulnerable populations takes time.

Engaging a socially vulnerable community takes considerable effort because of the great economic, social, and physical needs of these communities. It is more likely than not that the traditional social support institutions in the communities are poorly funded, poorly coordinated, and perceived as hostile by community residents. Residents of socially vulnerable communities tend to have a long history of having their hopes raised and dashed by programs that have begun with promise and ended with despair. This makes reaching out and engaging the neediest of the communities exceedingly difficult. Further, residents may not have very high expectations for their lives, because their experience has taught them that they are greatly valued neither by programs nor by society. Convincing participants otherwise and engaging families

in program services is a long and slow endeavor. Programs have to convey to participants that they are able to "hang in there" with them for as long as it takes. Programs that have staying power in socially vulnerable communities display this commitment by conveying a sense of caring to individual participants and to the community. WCCP program director Khatib Waheed says,

> Sometimes [programs] have to give unconditional love. [A strength of the Walbridge program] is [our] recognition that economically disadvantaged families want the same as the non-economically disadvantaged.

Those who share the cultural and racial background of program participants should be represented in all roles, from the line staff through the board of directors.

Ideally, programs are not begun without significant input from community residents and others with vested interests in the community. Founders must assure residents that the proposed program is interested in a long-term investment in the community. The program director and staff should also commit to program longevity, as long as they are able to work in the best interests of the program. The director and staff should be given the support to learn and grow within the program as the program learns and grows with the community. This in turn enables the staff to convey a sense of caring and commitment to the participants. Understanding the issue of longevity will help staff to be consistent and persistent in their offers of support to program participants.

Each of the three programs studied adheres to the theme of commitment. They clearly understand that their work with their communities has needed time to take root. Family Place, of course, points to its longevity and its reputation for responding effectively to participant needs as two of the main reasons it enjoys a warm reputation within the community. The program is also an advocate for the community to the greater society. It has been around long enough to become trusted by the community and to understand the specific needs of the community. Both of the collaborative models, New Beginnings and WCCP, have worked to build commitment at the public-sector level. The collaborations are working to overcome great bureaucratic barriers to bring about lasting and significant institutional change in the way the public sector serves the socially vulnerable. This is especially the case with New Beginnings, where "the process" has had significant impact at the state level.

(2) Family support programs are **responsive** at all levels to the needs of the populations within the community that are served. Community-based programs are rarely comprehensive when they first open; rather, they become comprehensive as program developers respond to participant needs and gaps in service provision. Generally, the initial work in the development of a community-based program is conducted by persons who are not members of the community. Efforts to support children and parents are often begun after social indices have suggested that children in a particular community face certain risks that arise from either the environmental circumstances in which they live or from the social and economic problems facing their parents.

Most community-based programs are developed along a particular organizing concept that reflects the expertise of the parties who have the initial interest in developing the program. For example, if the initial developers are trained in child development, the organizing principle will embrace child development outcomes. Likewise, if the initial developers have expertise in health or social work, the program's initial focus will point to health or social work outcomes for children and families. It is important that this organizing principle address a need within the community and that the target population selected be one that needs the proposed service. Although this point seems simple enough, many programs struggle primarily because what program developers perceived as a need did not correspond to what the community needed or wanted.

Responsive programs are sensitive to the racial, cultural, and environmental context of the communities in which they exist. Often, these programs target racial and ethnic minorities who have different lifestyles and different child-rearing experiences than the majority population. Attempting to provide services to ethnic and racial minorities from a majority view runs the risk of alienating families from the services that they need. Thus, the mis-

sion and goals of the program must reflect this sensitivity. Effective, comprehensive, community-based programs respect and accept the culture(s) of participants and develop strategies that are responsive to the culture(s). In some cases, programs have interpreted this concept to mean that curricula must be based within the cultural value system of their participants. In other cases, program developers have felt the program staff should be members of the racial/ethnic group represented by program participants. There is value in both these approaches.

Generally, program participants are willing to accept help from any program or person who is sincere and committed in extending the help. A critical part of being sincere and committed, however, is understanding and accepting what participants bring to the program. It means placing program services within the context of participants' experiences. No one curriculum, even if it is developed for a particular racial, cultural, or ethnic group, should be expected to meet the needs of that group if it does not respond to, or reflect the reality of, participants' life experiences.

Just as there is no one "right" curriculum, there is no one "right" mix of staff. All members of the staff of a community-based program should be persons who respect and understand the racial and cultural context of program participants; some or all of these should also be of the cultural and racial background of program participants. Those who share the cultural and racial background of program participants should be represented in all roles, from the line staff through the board of directors.

The multicultural nature of New Beginnings' Hamilton-site community precludes a single cultural approach, since the program hopes to serve a number of racial/ethnic groups. New Beginnings has chosen to respond to its multicultural population in the program's initial stages by ensuring that its staff represents the multicultural nature of the community. In addition to being able to deliver services in a manner sensitive to the group they represent, staff members also serve as educators to the program. They help New Beginnings program developers to understand client issues and to place them within a racial and cultural context. This helps program developers to devise services and strategies that respond to these issues.

WCCP and Family Place have developed culture-specific approaches to their communities. Each has hired staff who represent the racial/ethnic group of its community and has placed these staff members at various administrative and program levels. All the Family Place staff are bilingual; most have had prior experience with the Salvadoran population. WCCP has developed a specific concept, Afrocentricity, which promotes the cultural competence of WCCP participants, the Walbridge community, and the larger society.

Afrocentricity defines the cultural competence that director Khatib Waheed feels programs serving African Americans should have. Afrocentricity is defined as using both positive and practical African and African American concepts and philosophy as the focus for defining the individual and collective lifestyles of African Americans. It acknowledges the historic unwillingness of the United States society to recognize and celebrate the numerous and outstanding cultural, historical, social, and political accomplishments of particular ethnic and racial groups. Waheed feels that this unwillingness is rooted in several assumptions:

- Acknowledging cultural differences will somehow further polarize and segregate society
- Assimilation is the best way
- Minority cultures have inherent deficits and lack notable accomplishments
- The nation's culture and historical development occurred independent of individual efforts and desires.

Afrocentricity promotes appreciation and celebration of the difference between African Americans and other racial/ethnic groups. It recognizes both the strengths and the weaknesses of African Americans while building upon and celebrating the cultural strengths. In his 1991 brochure Waheed describes the Afrocentric perspective at WCCP:

- Spirituality—emphasis on establishing oneness with Creation and Creator
- Self-identity—emphasis on African and African American history/culture and the African Diaspora through didactic instruction
- Extended family—emphasis on the recognition of the extended family as a basic and legitimate family structure and support system

- Unity—emphasis on self-help and community empowerment
- Value system—emphasis on recognizing the Nguzo Saba (Seven Principles) as a viable value system and thereby a criterion for assessing growth/development
- Conflict resolution—emphasis on utilizing non-violent conflict resolution techniques
- Rites of passage—emphasis on establishing specific guidelines for manhood/womanhood training that incorporate rite of passage ceremonies.

Afrocentricity seeks to expand the discourse and practices of the majority group to make it more inclusive of both majority and minority cultures. Waheed feels that Afrocentricity has been a successful method of promoting social bonding among Walbridge participants, and that it has fostered pride, self esteem, and hope among the children of Walbridge Elementary School.

Rather than compartmentalizing needs, responsive programs develop strategies to meet the range of needs presented by participants.

Responsive programs are comprehensive in scope. Rather than compartmentalizing needs, responsive programs engage participants holistically, developing strategies to meet the range of needs presented by participants. Programs that do not provide the range of services on site may form linkages with other services in the community to ensure that participant needs are met. Responsive programs employ case management to refer participants to other programs for service and to monitor participant involvement in these services. This process of case management ensures that participants actually be served by the programs to which they are referred. All three programs rely heavily on case management to ensure that the basic needs of families are met.

Finally, a responsive program is dynamic. Needs are continually being identified and the program continuously grows to meet these needs. Moreover, staff members are challenged to be constantly creative in the ways in which they respond to individual program participants. The evolution of program services at Family Place offers a good example of the way dynamic programs meet the needs of their participant populations. Initial Family Place services included free food (especially lunch on site), free clothing (the Clothes Closet program), and case management. As the needs of participants became more apparent, additional services were added. These included laundry facilities at the center and groups and workshops that helped participants to reflect on their lives in El Salvador and the circumstances that led to their immigration. Family Place also provided participants with bags of food and certificates to one of the local grocery store chains. It offered one-time rental assistance to help participants secure housing. There was also a parenting specialist on site to work with mothers individually or in groups.

Support groups were added to provide basic education in child development, childcare, and discipline. Staff members saw this as a particularly important need, as participants had never been exposed to organized child development education. Participants saw the differences between the way they had been taught to raise their children and the way children in the U.S. are raised. They asked to be taught child development in the groups. Childcare for mothers in these groups was added as it was recognized that children distracted their mothers.

A sewing project was initiated and ran for a short time to help participants learn to make clothes for their families. ESL classes were added when participants asked for help in learning English. Spanish literacy classes were begun when participants were having difficulty learning English from a staff member whose Spanish literacy was poor. The First Friends program was developed to provide role models and support to pregnant teenagers. This program connects the pregnant teen with an older mother who helps her through pregnancy and delivery. The First Friends program was begun with the realization that the Salvadoran immigrants were experiencing an increase in the numbers of unwed-adolescent pregnancies. Breast-feeding classes started more recently; participants in the classes also provide peer support to new mothers. The breast-feeding program was the brainchild of the executive director, who feels that breast-feeding promotes bonds between mother and child that transcend even substance use.

Informal foster homes were established to help Family Place locate housing for people in dire need. In this program, families volunteer to temporarily house those in need of emergency shelter. Social activities have introduced Family Place participants to socio-cultural activities in the D.C. area and have promoted social bonding among participants. Another development is the council of parents, whose initial goal was to give participants a role in working on the development of the program. Parents are voted onto the council by other participants and the council works with staff to determine what participant needs are. As time has passed, however, the council has worked more on social activities. The program is now in the process of making this council more active in governance and program development.

(3) Besides being committed and responsive, family support programs **affirm** the value of individual program participants. A hallmark of family support programs is that they appreciate the value of each program participant. They recognize that parents want and intend to be good parents.

Family support programs recognize participants' individual needs and develop individual strategies to work with them. While there may be particular services that are provided to all families of a program population, effective programs listen to *each* family and respond to what they hear. Staff members are sensitive and creative in their attempts to engage parents and join with them in developing plans consistent with parents' goals for themselves and their children.

Participation in these programs is voluntary; parents can participate in the manner in which they feel comfortable. The programs do not require that parents give something in return for the services. It is expected that programs that recognize and respond to participant needs will provide the incentive for participant involvement. As stated by Maria Elena Orrego, the executive director of Family Place, "If participants come to the program, we know we are getting it right."

Programs recognize and celebrate the strengths of individuals and families. This is especially important when they work with socially vulnerable communities and families. One important consequence of social vulnerability is that families often fail to see strengths in themselves. This makes it doubly important for the program to recognize and enhance participant strengths.

WCCP believes in the strengths of the community and of the individual family. The fact that Walbridge participants have survived under extremely adverse circumstances is seen as a very important strength. Program director Khatib Waheed strongly believes that the program has to acknowledge this strength, and that it must believe in the value of the families it serves. He adds that part of the community's strength is "spiritual" and "religious," and that it comes from the realization that "there is a force that helps those who are trying to do what's right."

Orrego echoes this: "I believe that the vast, vast majority of parents love their children and want to be good parents," she says. "We are here to help them do that."

(4) Family support programs are **preventive** in their orientation to families and to the community. Prevention is the single most important driving force behind the development of family support programs. Proponents of family support have asserted that former social welfare programs used a deficiency-modeled, crisis-oriented approach in their work with children and families. Family support advocates feel that for a program to avoid being crisis- or deficit-model oriented, it should support families prior to the onset of problems. They try to reach families at early stages in their children's development and to provide services to strengthen the coping capacity of parents.

Recently, even the term "prevention" has become associated with a deficit orientation, as prevention again implies that there is something inherently wrong with families or with their child-rearing practices. Proponents of family support have begun to search for new ways to define this element of their movement. "Enabling" and "capacity building" have begun to replace "prevention" in the family support terminology. But in defining specific tasks or goals that programs aim to accomplish these terms miss the essential element of family support programs: promoting equality and fairness within the programs, the community, and society for all families regardless of social or economic status. Thus, the reason to develop a program and locate it within a socially vulnerable community is not that families inherently lack the ability, desire, or capacity to rear their children, but

rather that social and environmental forces hinder parents' ability to rear children in ways consistent with the practices of the larger society. This, in turn, may hinder the child's ability to successfully compete in wider society, and society is harmed because it does not have the benefits of the participation of all its members.

The theme of social justice runs strongly throughout the three programs and is mentioned frequently by the program developers, staff, and governing boards of these and other family support programs. Despite the difficulties of working with socially vulnerable populations, the staff of the programs profiled do not blame participants for problems.

Participants should feel some responsibility for, and have some roll in, the development of services for them.

These staff members have attempted, within the parameters of their programs, to respond to the adult pains, as well as to the parent pains. They accomplished this through a tacit acknowledgment that good prevention for children sometimes needed to be combined with treatment of their parents, coupled with a recognition that parenthood is only one facet of adult development and that enhancing adult development is integral to supporting families.

Family Place developed support groups not only to provide parents with opportunities to learn about child development and parenting, but also to help them to reflect upon and come to grips with the atrocities in El Salvador that prompted their immigration to the United States. WCCP provides several treatment strategies (including individual counseling) for parents, to help them cope with their non-parenting problems. In fact, its respite care program was developed to respond to parents' need to have "time out" from parenting to enable them to interact with and participate in adult-focused activities.

(5) Family support programs employ a model of **empowerment** in program development and services. Empowerment emerged as a theme of family support programs when they began to engage socially vulnerable populations. It has since gained prominence among family support principles. Farrow, et al. assert that "at the heart of family support programs is the goal of empowering families to better cope with the stresses of contemporary life" (1992). The family support movement's interest in empowerment is closely intertwined with and parallel to the evolution of its earlier interest in prevention. Just as the family support definition of prevention has evolved from addressing and correcting individual problems in children and families to connecting prevention to greater societal goals, the concept of empowerment is evolving as family support begins to better understand its role in the development of community-based programs in socially vulnerable communities. The evolution of empowerment at the program level has three distinct elements:

(a) *Examination of the role of "power" in working with the socially vulnerable.* When family support programs first began to serve children and families, they did so with the notion that programs should seek to enter into partnership with participants rather than acting on behalf of participants. Participants should feel some responsibility for as well as have some role in the development of services for them. The use of the term "participant" rather than "client" or "patient" was meant to communicate to participant and staff that theirs was a relationship of equal responsibility in developing and realizing successful outcomes for children.

Empowerment through shared responsibility is essential to developing programs for the socially vulnerable, given the harshness of their environments and their general powerlessness in relation to the wider society. The need for staff to recognize the perception and reality of the powerlessness participants may feel and to develop methods to work with both was deemed crucial by the directors of two of the programs studied and by the chair of the board of the third. They were adamant about not allowing their programs to re-create the sense of powerlessness in their participants. They expressed the need for program players at all levels to examine their roles in the perpetuation of the power differential between participant and program. Both directors are very introspective persons and insist that staff reflect on their individual biases (regarding class, race, family structure, parenting, etc.) and how these biases may enter into their work with participants. Rather than focusing upon negatives, the directors also worked with staff, the board and the com-

munity at large to help them recognize and appreciate the strengths of program participants. The directors also work with staff to realize the strength and effectiveness of their work with participants, as this realization is often lost in their day-to-day work. The directors feel that to move from a position of power over participants to a position of working with participants, programs must have respect for and understanding of participants' lives and daily struggles.

The directors' perspective has support within the empowerment literature. Solomon (1976), in one of the first attempts to define empowerment, posited that the basis for empowerment was the fact that in the U.S. minority racial and ethnic groups have been subjected to negative valuations from the larger society to such an extent that powerlessness in these groups is "pervasive and crippling." Pinderhughes (1983) suggests that the powerless serve an important function in society. The powerless are the "systems balances and tension relievers," as the powerful derive their status in relation to the powerless. She cautions those in the helping professions to be aware of how they may benefit from the position of those with less power:

> Empowerment of clients and changing their victim status means giving up our position as benefactors ... we can liberate ourselves and be prepared to empower our clients [only] if we first acknowledge our role in the projection process and then if we take back our projection, owning them as part of our baggage.

(b) *Movement from a model of personal empowerment to one that includes empowerment at the interpersonal and political levels.* Early definitions of empowerment focused on the need to empower persons at the individual or personal level. Later definitions have met the need to go beyond the personal-empowerment model. Staples (1990) strongly advocates for the move beyond empowerment as an individual perception to more concrete development of specific skills, techniques, and opportunities. He writes that

> to suggest that collective inequality can be overcome through individual action ... is naive at best and dishonest at worst. ... Individual empowerment isn't now, and never will be, in the salvation of powerless groups. To attain social equality, power relations between "haves," "have-a-littles," and "have-nots" must be transformed. This requires change in the structure of power. Social change requires social action. To the extent that powerlessness and inequality are structural problems, then solutions logically should be collective rather than individual in nature.

Gutierrez, et al., (1992) develop a model of empowerment that encompasses three interdependent levels. They are: personal empowerment (enhancing personal autonomy and self-confidence, and increasing personal choice); interpersonal empowerment (the ability to influence others through the use of social power); and political empowerment (influencing the allocation of resources in an organization or community through formal and informal means).

Though much of the work of family support programs is still geared toward the personal-empowerment level, programs also have begun efforts to empower participants at the interpersonal level. This has occurred with an increased understanding of the issues facing socially vulnerable populations. In the programs we examined, interpersonal empowerment took the form of enhancing individual skills and assisting in the development and strengthening of a group consciousness. For example, programs have responded to participants' need for employment through the development of linkages with services that provide job readiness or job training skills. At Family Place, this is seen in the Spanish literacy and ESL classes, which serve the dual purpose of helping participants meet residency requirements and making them more employable. WCCP and New Beginnings are developing employment training services for teenage and adult participants. Family Place and WCCP also are committed to developing opportunities for training and employing the indigenous populations within their programs.

Parallel to the development of interpersonal skills that help participants reach individual goals such as obtaining employment, programs attempt to effect empowerment through helping participants develop skills that help them work collectively with other participants. Initially, this technique was used in family support to enable participants to support one another in child-rearing. Now these networks are used to help participants

understand their collective ability to effect change with in their environment. Khatib Waheed feels that Afrocentricity has been instrumental in helping WCCP participants to understand the value of collective (interpersonal) empowerment.

Community-based programs also have begun to move into efforts to effect political empowerment for their participants. It appears that these efforts cannot occur until programs have achieved some level of stability and financial security and a great degree of trust within the community. Political empowerment efforts evolve as programs become increasingly aware of the efforts of social, political, and economic forces that impede the social mobility of vulnerable populations.

Waheed feels that Afrocentricity has been a successful method of promoting social bonding among the WCCP participant population and that it has fostered pride, self esteem, and hope among the children of Walbridge Elementary School.

It also has fostered a collective neighborhood sense among the parents and other adult residents of the Walbridge community. Residents have successfully banded together to actively protect their community. Nine months after WCCP was opened, residents joined together to picket against residents of a known "drug house." As Waheed states,

> At first dealers sort of laughed at the women and children marching past their place of business. In the beginning we didn't have the numbers to point out and picket individual homes. But after a year some police recognized that "you people are doing our job" and began to join the pickets. Now we target particular houses. Seven houses have been closed. These activities are about more than closing individual houses, it shows folks we can do something about our community.

(c) *Use of empowerment not only as a service-delivery strategy, but also as a program-operation strategy.* The concept of empowerment within family support pervades the operation of programs at every level. In the three programs profiled, empowerment is not just a goal for participants; program staff also have to feel empowered in their work with participants. They have to feel valued by the program, and have to feel like a valuable part of program development. One director said that it was impossible to empower participants if staff did not feel empowered in their roles within the program. Continued staff-development activities, which provide for staff training, as well as staff feedback, are an important part of program development.

The empowerment literature supports this position. Hegar and Hunzeker identify internal structures such as top-down decision making and rigid lines of authority as barriers to empowerment practice in agencies. Gutierrez (1990) concurs, observing that "... organizations that contribute to the disempowerment of workers may undermine their ability to empower clients and communities, because in response to powerlessness, ... workers may become ineffective and hostile toward clients [and become] apathetic, or 'burned-out'."

In two of the programs studied, some attempt was made to elicit community involvement to develop initial program services. Only one program used staff in this stage of program development. None of the programs had staff representation on the board, although participants had some input at this level (one program used participants as members of an advisory board; another program allowed a participant representative to be a member of the board of directors).

Elements of the five themes, commitment, responsiveness, affirmation, prevention, and empowerment, were present in all three programs, although to different degrees (primarily due to the ages of the programs). The extent to which they were present seemed to determine staff and participant comfort with the program, and participant use of the program. Although program staff, management, and developers spent much time discussing empowerment, they all felt that responsiveness was the key to getting participants into the program and keeping them engaged.

CHAPTER FIVE

Strengths of the Programs

Each of the three programs uses a different model for working with socially vulnerable children and families. Family Place is the more traditional grassroots model. It is a free-standing program in which program development is closely linked to and guided by participant needs as they change over time. It provides an array of on-site services for pregnant women and families of children aged birth to three. These services are supplemented by a large network of cooperating agencies, which provide off-site services.

New Beginnings and the Walbridge Caring Communities Program (WCCP) typify the newer model of delivering services to families—through state/school community collaborations. The collaborations are initiated through partnerships of public agencies. New Beginnings consists of a process and a program. The process involves developing a cooperative way to work at the public sector level and joining this with the needs of a particular community. Once this process has occurred, a program may develop. In our study, the process yielded the development of the Hamilton site. WCCP might best be described as a public sector collaboration/community empowerment model. It combines the state/school collaboration with strong community outreach and empowerment practices.

Each of the three models has particular strengths for family support:

The Grassroots Model

Family Place illustrates the strength of the grassroots model in working with a socially vulnerable population. Family Place was developed because of an individual's intense interest in a population, and is not connected to a particular funding base. It is funded through the support of others in the community (including foundations) because of its demonstrated commitment to and effectiveness with the population it serves. As a grassroots program it seems able to physically embrace its community. The link between the community and the program is direct and powerful. The program does not come with the authority of the state behind it, so negotiating the power differential between participants and the program may be easier. The community may perceive grassroots programs more positively than other community institutions (such as the schools). For this reason, vulnerable populations may experience them as a little less intimidating. The homeyness of the program welcomes the participation of mothers and very young children. Its flexible structure allows participants to move in and out and to use it in the way that is most useful to them. This allows participants to determine when and how their needs are best met. This also seems to be a good way to work with families whose life schedules are somewhat erratic. Grassroots programs appear to be more appropriate and effective for working with parents of very young children. The ability to individualize services (and the need to do so) is crucial for working with very young children and their families.

The grassroots model is a good training ground for individuals committed to working with particular populations and on particular issues. The low salary levels of the grassroots model suggest that it will primarily attract young, energetic, though less experienced people. To the extent that the program is not itself overwhelmed by the stresses of the population and can prevent the staff from being overwhelmed, this model can allow staff members the opportunity to learn more about their areas of interest and experience the satisfaction of working with a vulnerable population. Given the apparent decreased interest in these populations among those who have historically served them (social workers, public health nurses), these grassroots programs might produce the types of people needed to work within family support programs. Adding continuing education opportunities to these programs may be a good way to ensure a committed and well-trained employee pool for family support programs.

The grassroots model seems to be well suited for allowing staff members the flexibility to be creative and take initiative in their work. Since services are not prescribed, and since there is no established routine of service delivery, staff is given more freedom to tailor services individually to participants. Of course, the danger inherent in this is that poorly trained staff will ad-lib their work with participants. Given appropriate training, however, staff have enormous potential to develop special projects within the program and to do special work for specific participants.

State/School/Community Collaborations

New Beginnings and the Walbridge Caring Communities Program typify the new genre of collaborations between states and communities. A major strength of the collaborations lies in their ability to bring a broad range of services to a particular program. They attempt to eliminate inefficiency in state services and to allow for greater public sector control of services to participants. Centralized management information systems allow departments to communicate with each other and prevent duplication of service. When eligibility requirements for state services are standardized, and state employees are familiar with the range of services for which participants are eligible, participants can establish eligibility more easily, and are more likely to receive a range of comprehensive services. State involvement in service provision also means that policies and procedures can be adapted to the needs of vulnerable communities more easily. For instance, WCCP was able to extend coverage under its family preservation program for a longer time than is generally allowed under state law.

Collaborations also relieve funding stress. The development of funding streams within state departments ensures consistent, long-term funding, relieving programs of the burden of fundraising. The availability of long-term funding also ensures continuity of services to the participant population. On the other hand, collaborations can be jeopardized because of political concerns within the public sector, since they are dependent upon the support and commitment of top government officials. Changes at this level may imperil long-term, systemic change if the new leadership does not believe in the effectiveness of the collaboration, or is unwilling to expend the resources necessary to ensure its existence.

Linking collaborations with schools reaches a large number of children and families who live in socially vulnerable populations. Programs that skillfully negotiate the tensions between families and schools provide a good service for the community, because schools can be a great source of institutional support to communities. Additionally, programs are able to "humanize" the education process by helping teachers understand academic problems within a social and family context. Working with teachers to comprehensively address student problems also relieves teachers of some of the stress of working with these populations. The focus of intervention (to improve children's chances at succeeding in school) is one that most parents, too, can easily embrace.

Community Empowerment

WCCP has taken the collaboration model one step further by including community empowerment. This model combines the strengths of the grassroots model with the strengths of the state/school-linked collaboration. The emphasis on community involvement and responsiveness to the larger Walbridge community has helped WCCP to develop as a supportive institution within the community. WCCP has broadened the scope of its program from service provision to individual children and families to involvement in macro issues that reflect the community.

Collaborations come with a potential problem for community-based services—they can be perceived by participants and community residents as agents of the state. Program associations with public child welfare and juvenile justice may be frightening to parents who have had contact with these agencies. The collaborations mark a departure from former public-sector programs, however, because of the state's desire to serve the family rather than the state. Community-based programs that are created from collaborations have to ensure that this family-centered objective is actually realized. They have to ensure that the needs of the family and of the community are given at least equal weight to the needs of the state. Walbridge appears to have done so successfully by engaging the community early in program development and by responding to community-identified needs.

The three models offer important strengths for programs working with socially vulnerable populations. Programs must determine which model is appropriate for particular populations. A large factor consists of the degree to which there is a sense of a collective consciousness within a given community, combined with the capacity of the community to organize around certain issues. Although this capacity can be (and should be) developed within a community if it does not already exist, it may be more appropriate initially to employ a model in which outside actors initiate the development of the program.

CHAPTER SIX

Barriers to Innovation

During our examination of these three innovations, a number of issues were raised that are relevant for community-based programs in particular and for family support in general.

Barriers at the Program Level

Funding

Our discussions with the three programs profiled in this manual and our survey of other community-based programs revealed that funding is the most pressing barrier.

Funding for grassroots programs is generally dependent upon a combination of foundation and government support and individual donations. This sometimes means that services are developed to obtain funding, and not necessarily because they respond to participant need. It also means that the stress of the program is intensified by the constant need to search for money or by the need to prove the program's worth to funders. The energy spent searching for money might be better spent developing internal program resources.

A few of the grassroots programs achieved a certain amount of financial stability after they had proven themselves to be effective. Still, the process of writing proposals and seeking funding sources for specific programs appears to be never-ending. Consistently, program managers expressed regret that they were not able to find enough funders who had money, connections, patience, and the commitment to work with community-based programs. Often, they asserted, funders placed too many unrealistic demands on programs serving vulnerable populations. Family Place has spent a long time developing a core of funders who are committed to and enthusiastic about supporting the program. In the past three years this has enabled the program budget to grow to cover core program services, although the budget still does not allow Family Place to pay what managers and board members consider a competitive wage to their staff.

The collaborations of New Beginnings and the Walbridge Caring Communities Program eliminated the stress of continued searches for funding by on-site management. Program budgets were created through a mixture of state resources and money secured from foundations. Staff salaries for these agencies were competitive with the market (although still considered inadequate by program management, given the intensity of work and the skill required). Programs were guaranteed a core budget that funded positions deemed necessary by the collaboration. Program directors were very grateful to the collaborations for removing the weight of developing funds from their shoulders.

However, this can be a very tenuous source of funding, as it is dependent upon the fiscal capabilities of the public sector. Cash-strapped public agencies may be reluctant to indefinitely release monies needed for the collaboration. Both of the collaborations studied relied heavily on foundation funding and other outside funding for additional support for program services. In one of the collaborations, money was not actually allocated for the development of services; rather, the collaborating parties provided in-kind contributions. While foundations are a good source of support, the willingness and ability of most foundations to contribute long-term funding is not readily apparent. One state agency official suggested the solution to the problem of funding collaborations lies in the involvement of the federal government in such efforts.

Programs have developed a number of strategies to overcome funding barriers. All three of the models studied have become very good at public relations. In this climate of shrinking public support for programs, they have to ensure that the good work they do is acknowledged by the wider society. This is especially true for public-sector collaborations, where such lobbying has considerable influence on fiscal policies. Collaborations have also done a good job of defining the problem in terms of the common goal of desired human outcomes for all agencies. This has placed the issue of resource-sharing within a broader perspective.

Programs also have begun to look for non-traditional sources for funding. The New Beginnings model of in-kind contributions demonstrates how shared funding can come about at the state level without the actual allocation of dollars. It may be useful for programs to look at collaborations with the federal government as a way to maximize federal entitlements. Finally, programs have strengthened their relationships with private foundations.

In addition to providing funds for program development, foundations have become an integral partner with public and private efforts to support families through community-based programming.

Crisis-oriented Work

Many socially vulnerable families lead such a precarious existence that their economic, physical and social security is constantly threatened. Death through violence, poor health practices, and lack of access to health care are brutal and continuous forces in their lives. The loss of a job, the loss of a home, a pregnancy, or an untimely birth can plunge families over the brink. The powerlessness they often feel makes them question their effectiveness in controlling these problems in their lives. All of this is visited upon programs that serve the socially vulnerable. Much staff time is spent in responding to these massive problems in the lives of program participants. Responding to participants' crises, however, inhibits the staff's ability to enhance the social functioning of its participants and threatens the program's objective of developing individual case plans that move participants to self-sufficiency. It also places great stress on the lives of front-line workers who, in addition to trying to address the problems caused by participant stress, also bear the emotional burden of the families' problems. Crisis-oriented work also makes it difficult for staff to see and respond to positive changes in participants.

Each of the three programs has experimented with strategies for moving from a crisis-oriented model to a problem-solving model, to alleviate staff stress and develop more effective long-term methods of working with participants. Two of them, New Beginnings and Family Place, have developed methods of categorizing families by problem severity. Each has developed three problem levels in which participants are placed at intake and initial assessment. Those deemed medium- or low-risk need short term service by front-line workers, while high-risk participants have more urgent, more intractable problems, which will require more time. Both programs make attempts to limit the number of high-risk cases for which front-line staff are responsible.

Further, Family Place has established timetables for each risk category. Family workers use timetables as a guide to when they can expect to "stabilize" families (alleviate their crisis). These appear to have had only limited success, as workers, though appreciative that they have fewer "difficult" participants, still bemoan the amount of time they spend working with them. In fact, a report to the funder of one of the programs revealed that workers spent more than 60 percent of their time working with the high-risk families, who comprised less than a third of their caseload. Workers tend to take this as evidence that families are becoming more dependent on the program and less willing to take responsibility for their own lives. In an attempt to manage client problems more efficiently, Family Place is experimenting with a model of assessment that will allow participants to understand the severity of their problems and help them to determine whether they are interested in long-term work with a family worker, or the shorter-term services of an intake worker. Assignment to a family worker takes place only after the participant understands the benefit of more intensive work and is willing to put forth the effort it requires. This has provided caseload relief for the family worker, and has enabled the program to work with more participants in brief services.

As Family Place executive director Maria Elena Orrego states, however, "Crisis management is a reality in working with people who live on the edge. One thing can cause them to fall over. Whether this orientation can change is a combination of how skilled the worker is in communicating some of these crises and in developing a partnership with the participant. A worker can predict when some of these crises will arise through a good assessment. If a partnership between participant and worker is not established, the participant will not assume responsibility for their part in preventing crises."

Walbridge did not appear to have the same issues with crisis management as the other programs. It has a smaller number of participants and larger staff/participant ratio. Walbridge also feels that it works with participants' core issues through its behavior modification program and intensive case management, which offer short- and long-term counseling options for participant families.

Staff Attrition

Staff retention emerged as a serious problem for Family Place. At the time we visited the program, the executive director was the only member of the staff who had been with the agency for more than three years. Turnover in front-line staff appeared to occur every two years. Family Place staff (including line staff) attributed the turnover to low staff salaries. This was borne out in part because there was excellent morale among staff. Family Place staff were paid less than staff at the other programs and their salaries were lower than comparative salaries in Washington, D.C. As a result, Family Place tended to hire staff members who were not professionally trained. Professional training was more apparent among staff at the two other programs.

The inability to retain staff is a very expensive problem for Family Place, as it spends much time training its front-line workers. The migration of Family Place workers to other agencies in D.C., however, has allowed Family Place to forge ties with those agencies.

Much of the attraction of comprehensive community-based programs to funders is that these programs appear to be cost-effective, especially if they are able to hire community workers, paraprofessionals, and those who are not professionally degreed to provide services. They run the potential of shortchanging themselves, their staff, and their participants, however, by not reasonably estimating the skill required and intensity of work needed.

Staff attrition is inevitable in any program, as staff members leave for a variety of reasons, including to obtain better pay, to upgrade educational skills, and to change the focus of their work. Staff attrition can be an issue for continuity of service for the participant population. Programs have to ensure that staff who are brought on receive enough training and orientation that the mission of the program and the manner in which the program serves its participant population are preserved as staff members change. Family Place has developed a staff development program and a career ladder for workers to combat the attrition problem. Staff are encouraged to participate in training and workshops outside the normal training that Family Place provides. This allows them to acquire more skills and information, which can be used in the center, and to have a periodic break from work. The career ladder was developed to provide upward mobility through the program since it appeared that staff left because there was no room for promotion and/or growth within the organization. Upon receiving promotions, staff members receive higher salaries and greater administrative responsibility.

Training

Training occupies a prominent role in each of these programs. Training activities include in-services and workshops for an array of issues from confidentiality to case management to health issues to working cross-culturally. Some of the training is provided to relieve program stress—that is, to give staff the opportunity to support each other in collectively addressing difficult participant issues—and to develop staff skills in addressing particular problems.

Most training has occurred, however, because program developers felt that staff members needed to learn how to work with socially vulnerable populations in a family-centered way (an approach not generally covered in professional training). Although there were some commonalities, the training programs varied significantly. One important barrier for these programs is that there is no formalized holistic training in family support for potential employees within current higher education. Programs attempt to address this barrier by providing some type of training for their individual organizations. For instance, training was used to give staff general background information about developing a network of resources and working within this network on behalf of one's program. In another case, training was provided to help staff learn to work with a diversely trained group of professionals and develop a common means of working with the socially vulnerable. For WCCP, training programs were developed to supplement the professional training and experience of its staff. New Beginnings developed a method to retrain public-sector staff to work more holistically with socially vulnerable populations.

Family Place provided extensive training to its staff, who tended to come to the program without professional experience in human service.

The development of more systematic training curricula for working in family support programs would be a valuable contribution from the leadership within the family support movement.

Absence of a Multicultural Perspective Within Family Support

Social and economic forces can place different racial and cultural groups in competition with each other within society. This is the context in which programs are embedded. Programs have to ensure that the competition is not acted out in the program, either among participants or staff. This tension was apparent in two of the programs studied—one was attempting to work within a multicultural/multi-racial community, the other was attempting to replicate itself in a different racial community. In the former program, staff were taking sides based upon their racial/cultural groups of origin. In the other, the director felt the staff was resisting program replication for reasons of racial bias. In both cases, management was aggressive in handling the issues, moving quickly to enact policies and procedures that helped staff to understand their own fears and the need to understand and respect diversity within their workplace. Both programs used specialized cultural-diversity training to educate their staff.

Both of these programs are struggling to develop a programmatic strategy that includes issues of cultural and racial diversity. This strategy needs to include program operation (since staff are not trained to work with one another within a cultural-diversity framework) as well as service delivery (since programs are not prepared to provide services within a cultural-diversity framework). The issues of these programs are reflections of diversity issues in greater society. Since there are no models in society that embrace multiculturalism, these programs suffer from their absence.

Program Management

If anyone is more overworked within these programs than the program staff, it is the management staff. Managers have many demands to contend with. They must ensure that program development does not interfere with or cause stress upon the participant/worker relationship. They must understand their participants' communities and be able to relate to each. They must work within and respond to the needs of their governing boards. They must remain connected to the community and the participants to facilitate program development and ensure continued funding. In traditional family support agencies, management staff must do all of this while at the same time developing resources for the program. Program managers also serve as the primary spokespersons for their agencies with the community at large.

Family Place has attempted to lessen the burden on its managers by developing a management structure that divides program management between the executive director and the program director. This has relieved the stress of daily program operation from the executive director, who oversees continued program development and funding; it has also relieved the stress of continued program development and funding from the program director, who is responsible for daily operations.

Management at New Beginnings' Hamilton site is divided between the on-site coordinator and the co-chairs of the coordinating council, which serves as the liaison between the public-sector executives and the program. The functions of the center coordinator and of the co-chairs overlap somewhat. The co-chairs also have additional job responsibilities unrelated to the Hamilton site and New Beginnings.

The management structure of WCCP is similar to that of New Beginnings. The interagency council serves as the liaison to the collaborating partners. The council takes a hands-off approach to day-to-day management of WCCP, which is managed by the project director. The relationship between the two is close, though: a member of the council stated that the job of the director is to let the council know what the program needs (in terms of funding or other resource development). The job of the council is to make it happen.

In addition to the above strategies, program managers point to the need for more administrative support (for office management, clerical support, staff supervision, and development and public relations) as a way to alleviate the stress they feel. Additionally, the executive director at Family Place feels fortunate in her ability to employ consultants from time to time to help her with difficult management and program development issues.

Charismatic Leadership

The success of a strong community-based organization in a vulnerable community seems to depend in large part upon the program's ability to place a strong, charismatic, and effective leader at the helm. In two of the programs, the directors are such people. They are very committed to the causes of their communities and are very well respected by others in the community. They are able to develop relationships with other organizations in large part because of the respect they have earned within their own communities. They are equally effective at the program level, inspiring trust and respect in staff and participants alike. They are strong advocates for staff and participants to the board and within in the community. They provide insights into the issues of their communities of which boards, funders, and policymakers might not be aware. They are also good managers, able to handle difficult personnel, budgeting, and program policy issues. While having a strong, charismatic leader at the directorship of a community-based program is ideal, it can also be problematic if the program is too closely tied to the personality of its leader. Three concerns for charismatic leadership are discussed below:

(1) Program responsiveness—the program leader has to be careful that he/she is responding to the needs of the community and not the needs that he/she considers to be important. The leader must have the ability to tolerate and respond to opinions different from her/his own.

(2) Problems of replication—the presence of the charismatic leader presents a problem for replication, since it is difficult to sort out what part of the success of the program is dependent upon program structure and what part is due to the charismatic leader.

(3) Management turnover—it was clear in our study that the success of each program was due in large part to the vision and effort of the program's top director. It seemed that if this person left, the program would struggle. Finding persons skilled enough to lead community-based programs could be difficult, although one of the directors, when asked if someone else could do her job, insisted that there were "lots of [people like me] out there."

One solution to the management turnover issue may be to provide strong directors with assistants who can learn how to run programs under their tutelage. This is already happening to some extent at Family Place, where the executive director has trained two program directors to run daily operations at the different sites. WCCP is also doing this, as the Walbridge program director has primary responsibility for training the program directors at the replication sites. This also may be a good way to provide training to students of child development, education, social work, and public policy who are interested in management of community-based agencies.

Program Replication

Family support advocates have learned that exact replication of programs is not possible, even when they serve similar populations in the same area. The individualized nature of the work means that there are no formulas that will successfully assist all families; however, within programs there may be some basic and transferable ideas that might be used to develop other programs. In this way, replication is a way to develop programs for communities without reinventing the wheel. Program developers have attempted to tease out these basic and transferable ideas and use the method of developing a program at one site to guide the development of a similar program at another site. Replications may use generic program governing structures, generic staffing patterns, and a generic core of program services, and add to them the specific elements of the new site.

Two of the programs we studied were in the process of replication. Each had achieved a certain amount of distinction within the family support field and also was viewed as having had some success in serving socially

vulnerable populations. In both cases, replication has placed a strain on the original program. Replication has meant that the Walbridge program director and the Family Place executive director have been involved in program management and development at the replication site as well as at the original site. They are therefore less available to program staff and participants at the original site. Perhaps the greatest danger of replication for these two managers, however, was the fact that replication took them out of day-to-day contact with their participants. Both felt very strongly that their effectiveness in maintaining a responsive program would be seriously jeopardized by their inability to know and "feel" participant needs.

The need to replicate a successful program is very strong. Socially vulnerable populations are numerous and few programs are able to handle the issues that arise in service provision effectively. Even though replication has added to their workloads, program mangers are in full support of it, because they, too, feel the need to take their methods and the lessons they have learned and reach out to new communities. The directors of Family Place and WCCP cut back on their direct contact with participants to handle the greater administrative demands of the replication efforts.

Dissemination of Information

Innovative programs are generally required to disseminate information to other interested parties. Dissemination takes the form of providing written or verbal information about the program and/or allowing persons to visit the program site. Often staff time (at the very least management staff time) is used to provide "dog-and-pony" shows to the public. This process is extremely disruptive to programs in their daily operations and can also be considered an invasion of the privacy of program participants. Programs comply with this process both as an obligation to the field and as a requirement of funding. They have done a number of things to lessen the disruption to program services, such as developing public relations materials detailing program highlights, which are mailed to the public (often a nominal fee is required to cover the cost of production and mailing), limiting visits to the programs to specific times when they will not disrupt program operations and interfere with participant rights, and/or designating certain persons on staff as program spokespersons.

Lack of Access to Societal Resources

This barrier is in many ways endemic to socially vulnerable populations: their vulnerability is defined by their inability to access societal resources. For this reason, many would argue that this is not a program barrier. However, much program time is used in addressing lack-of-access issues. In fact, in some cases so much program time is used in this way that it is difficult for programs to do what they actually are designed to within socially vulnerable communities. All three programs had explicit or implicit goals to foster self-sufficiency among program participants. Their ability to realize these goals was impeded by the following factors:

(1) *Access to services:* Access to services is a problem for participants of all three programs, but is a significant problem for Family Place and New Beginnings, both of which serve large immigrant populations. The absence of bilingual workers in public- and private-sector social service agencies means that many participants are unable to use services even when they are available. Family Place's growth into a comprehensive service network came as a direct response to participants' inability to access services in Washington, D.C. The program's bilingual staff members serve as interpreters for participants within other agencies, and the program has played an instrumental role in advocating for the hiring of bilingual workers within D.C. government agencies. At New Beginnings, the absence of bilingual workers was an even greater problem for the Asian population than it was for Latinos. Service providers could not communicate in the wide range of languages of Asian immigrants. In addition, the Asian population was further alienated by providers' ignorance about Asian cultural mores and the general stereotype of Asians as the "model" minority group. In the first instance, New Beginnings found that cultural mores made it difficult for Asians to accept services on site because it was impolite to disturb the family services

advocate while he was at work. In the second instance, the perpetuation of racial stereotypes made it difficult for agencies to recognize and respond to the needs of this population. New Beginnings' solution to both problems was to hire an Asian family services worker and allow him to conduct extensive outreach to the Asian population.

(2) *Illegal immigrant status*: The lack of access for many Family Place and New Beginnings participants is compounded by their illegal immigrant status, which prevents them from gaining access to many resources. Both programs have also faced the difficult issue of illegal immigrant status for some participants. Family Place has opened its core services to participants regardless of immigration status and works with the local legal assistance foundation to help immigrants to obtain legal status in the United States.

(3) *Housing*: Participants in all programs have difficulty locating housing. This leads to overcrowding in homes, as families live in small apartments and/or houses with families and friends. It also leads to a great deal of transience, as families frequently move to locate housing. Programs did various things to alleviate homelessness and the need for emergency housing. They formed links with emergency shelters to locate available housing for families in crisis. At Family Place, participants have volunteered to provide emergency housing to families who are new arrivals or who need temporary housing. The Family Place executive director has also encouraged participant families to combine their economic resources to obtain better housing. Her attempts have had only nominal success.

(4) *Employment*: Perhaps the greatest barrier to persons living in socially vulnerable communities is the lack of access to jobs. Most program participants are un- or under-employed and rely heavily on public assistance for support. Each program has some component that addresses the issue of job training for adult and teenage participants. At Family Place and Walbridge, participants have also been hired to work as program staff. This has done little to eradicate the problem of joblessness in the community, however. WCCP had to suspend its job training programs for a while because jobs were unavailable for this population.

Programs make valiant and laudable efforts to develop micro solutions to the problems caused by lack of access to services. It is clear, however, that more efforts need to be made at the wider-society level if programs are to be successful in promoting sustained change within these communities.

Barriers at the Macro Level

Innovator Attrition

Perhaps the greatest threat to innovation is that those who develop and implement innovative programs might one day leave them. At the public-sector level innovation occurs because one or two influential persons are able (because of their persuasive abilities and the power of their offices) to convince others it is necessary. This is also true at the grassroots level, as many innovations also are dependent upon the vision and work of one person. The solution to this problem is to develop programs in such a way that the participants and community acquire the power to continue them, according to the chair of the board of directors at Family Place. In all three programs, various things were done to ensure that those elected to governing boards were able to understand and buy into the innovation. These included long meetings in which parties developed ways to communicate with each other, and the development of written materials that detailed the initial intent of programs and the steps taken during implementation and evaluation. They all worked carefully to involve new members immediately in the process of planning and development.

Lack of Funding for Initial Development of Ideas

Often innovation is impeded because of a lack of resources for the initial "thinking" pieces of innovation. This includes the work that goes into the development of an innovative idea before a program is actually begun. All three programs were implemented through a period of planning, meeting, and developing. The developers of Family Place had very little support in their efforts to think through and write down their plans. In each case

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the programs had to solicit funding for program implementation to allow them time for continued planning. Thus, the programs ran the risk of being implemented before the initial development of ideas had been thought through. This was especially apparent, again, as the Family Place managers began its replication in another community. They were unable to garner the support to allow them time to think about, plan for, and learn about the differences between developing a program in the new site and their model program. Funders that will provide funding for the planning and development of innovative ideas have proven extremely useful in program development.

Development of Community-based Programs That Can Support Public-Sector Structural Change

In New Beginnings and the Walbridge Caring Communities Programs, agencies, foundations, and a community-based organization had developed a collaborative relationship for service. The collaboration involved the development of structural changes to reduce inefficiency in service. The collaboration then hoped that these structural changes would result in better service provision at the community (program) level. To facilitate this improvement, New Beginnings has developed a new type of "front-line" worker within a school setting; WCCP, on the other hand, has created a freestanding organization within a school setting. It appears at this point that the WCCP method is a more effective way of providing services to a vulnerable population. It has combined a wide range of program services, partnership with the school, and advocacy on behalf of families with aggressive outreach to the community. In this way it appears to be providing a needed service to families within the school community and the community at large.

New Beginnings' Hamilton site appears to be struggling a bit at the program level. It has shown tremendous patience and foresight in developing a process at the state level that controls bureaucratic fragmentation, inefficiency and disinterest in families. It has not been able to show the same patience and determination to respond to the needs of families. One can speculate the possible reasons for this occurrence:

(1) *Confusion between developing efficiency at the state level and effectiveness at the program level.* These two do not go hand in hand, although program administrators will argue it is helpful to have a less complicated bureaucratic structure within which to work. Few program participants, however, will name bureaucratic fragmentation as one of the greater problems they face in their lives. The need to control fragmentation and inefficiency is real; however, the public sector should not delude itself into thinking that the only thing socially vulnerable families need is less fragmentation of services.

(2) *Desire to save state money.* Developing a cost-effective way to reach vulnerable populations is the goal of the public sector. Developing programs through collaborations calls for the expenditure of more funds. Developing funding streams that will pool state resources means that agency heads will have to relinquish control of parts of their budgets. In cash-strapped states (such as California) this is very difficult to accomplish.

(3) *Limited public-sector understanding of the needs of communities, the ways to identify and respond to those needs, and the complexity of the relationship between programs and participants.* Successful community-based programs have developed ways to understand and respond to community needs. They seek to enter into an alliance with the community as well as with program participants. The process of networking with other community service providers and learning and understanding the issues they face helps fledgling community-based programs become established. Likewise, involving the intended participants in the development of initial services ensures that the program will be at least somewhat responsive to participant-identified needs. The bonds formed during program development with communities and participants help establish an alliance and build participant trust. Although a top-down approach in developing a public sector/community collaboration may seem necessary to public sector representatives, they must also have a strong handle on the needs of communities and targeted participants. The programs studied point to the necessity of joining with the community (as represented by residents, service providers, and targeted participants) to ensure that policy and program development reflect the reality that communities and participants face.

(4) *Need to show quick results.* To ensure continued funding and continued participation of all necessary parties, it is often necessary for programs to demonstrate success within a short period of time. Skepticism and cynicism about efforts to reach the socially vulnerable make for a very short attention span for people and programs to develop innovative solutions. Program developers also have to "strike while the irons are hot," before funding and patience run out.

New Beginnings embarked upon an exceptionally bold way to change state services to a socially vulnerable population. It covered much ground and did much work to convince state agency heads of the need for change. It attempted to balance the often competing needs of public agencies with the need to provide more supportive and family-centered services at the community level. It took an enormous amount of time and effort to join together all the parties at the state level under one mission. In fact, this effort is ongoing. Developing a process at the community level will take at least as much time (as shown by other programs in our case studies).

Drive for Replication

Our study of these three programs indicates that replication may occur too quickly. Programs have to have high visibility to attract funding. High visibility also means others will rush to replicate what appears to be a good idea. In many cases replication occurs before the original program has been in existence long enough to prove its effectiveness. Each of the programs we studied was undergoing replication (or, in the case of New Beginnings, adaptation, since each effort at the community level will be different) in another community. Family Place has been in existence for 10 years, Walbridge for two years, and New Beginnings has only recently begun to provide services. Even in the case of Family Place, staff members questioned replication to a new site when there were still unmet needs at the original site. This rush to replicate imperils the family support movement as programs proliferate without any good evidence that they are having the desired effect.

Dissemination of Information

High visibility also gets in the way of providing services, as staff are drawn away to describe program operation to visitors. This is a problem for all three programs. The daily parade of visitors places stress on program and management staff alike. New Beginnings and Walbridge have developed policies that allow visitors at only specified times. All three programs understand and acknowledge the need for program information by the greater family support community. They are willing to provide the insights of the program to interested visitors as long as it does not interfere with program operation. This is often a difficult objective to achieve. Acknowledging the difficulties that wide dissemination brings to a program in its initial states of development and developing strategies that delay the onslaught of requests for visits and information or help programs to handle these requests, would be helpful to programs in their initial stage of development.

Multicultural Representation at the Policy Level

The upper echelons of the family support movement continue to be predominantly white. Inclusion of those who represent culturally diverse viewpoints at policy-making levels within the family support movement is especially crucial in developing programs and policies for working with the socially vulnerable. Program administrators in community-based agencies have a wealth of knowledge; however, many feel that what they know is not appreciated or respected by those who develop programs and design policies.

CHAPTER SEVEN

Recommendations

These recommendations, drawn from the preceding discussion and analysis of family support programs that work with socially vulnerable communities, will be useful in facilitating the development of innovative programs for the socially vulnerable and assisting the continued development of programs that are already working with these populations.

Develop materials, workshops, and seminars that will help funding bodies (primarily public and philanthropic sectors) understand the issues of socially vulnerable communities and develop funding policies to respond to them. Funding emerged as the biggest problem for programs serving the socially vulnerable. Even though the development of collaborations assisted in relieving stress over funding at the program level, the manner in which program funding was developed could still be considered fragile. These programs need long-term support from funders who understand and are committed to working with the issues of socially vulnerable populations. Additionally, funders need to be made aware of the difficulty of front-line work and of programs' need to have salary scales that will help them to hire, train and maintain the quality of front-line support they need.

Assist funders, program developers, policymakers, and evaluators in understanding the amount of time it takes to develop programs to serve the socially vulnerable. There are no quick fixes. Programs will need to commit to substantial and long-term support for persons in vulnerable communities before one can expect to see the results of program efforts. Likewise, evaluators, program developers, and governing boards need to understand the process of slow change. Evaluators should be brought on early in program development and should interact closely with program staff to understand what programs do and how they function within socially vulnerable communities. Hopefully, this will enable evaluators to develop measures that respond to the individualized nature of community-based programs.

Work with researchers to develop appropriate measures to evaluate programs serving the socially vulnerable. Evaluation is integral to program growth and development. It must be conducted in a manner that respects program development in its early states, and must provide information about what the programs do and how they do it as well as how effective they have been. Early evaluation may focus on the process of program development. In initial work with family support programs, evaluators can help them evaluate their governance and operations. It would be helpful for programs if there were some means to determine the appropriate involvement of boards. Should boards have active involvement in program management? How can boards facilitate the program director's job? Should there be staff and participant representation on the board level? If so, what steps can boards take to empower staff and participant representatives on the board?

Later, evaluation may focus on staff training activities and on more traditional outcome-measures which help the program to understand whether and how it is reaching the targeted population. Evaluators can test the effectiveness of training programs with regard to staff's attitudes and methods of working with participants. Does training develop the type of worker who can affirm and engage socially vulnerable participants? What elements of training are most useful? How much training do program staff need? Are all staff members able to sustain their "new" training in light of the difficulty of their work? What training methods work better in terms of engaging participants and keeping them attached to programs?

Still later, evaluation can help programs to determine their effectiveness. How do participants view the program? How do those who work closely with participants feel about their work? What do participants feel works? Are favorable impressions and positive outcomes associated with the degree and intensity of program involvement? Methods ranging from participant satisfaction surveys to more systematic data analysis of programs' ability to meet their goals in serving the population would be appropriate at this stage.

Evaluation that answers these kinds of questions can be helpful in the initial stages of program development and allow managers to adjust the governing and staff structures. It can help programs to adjust their service delivery strategy over time. This type of evaluation would also be useful in helping family support advocates to develop the type of curricula that can be used in higher educational institutions to train workers and managers for family support programs.

Help public agencies to better balance their need for efficiency/cost containment with the needs of the population they are seeking to serve. Efforts that have as their only goal the elimination of service fragmentation and controlling cost will not necessarily yield programs that are effective in addressing the needs of the socially vulnerable.

Proceed more slowly in replicating innovative programs to lessen their stress in early stages of development. Replication tends to occur rather quickly after an innovative program seems to have a chance for effectiveness with socially vulnerable populations. Often, replication occurs before the effectiveness of a program has been completely evaluated. When, and if, it appears that the program is not producing the desired effect quickly enough, or that it will not be able to deliver on its promises, it is castigated, and any hope of its being able to do what it could do is derailed. As a result, the program suffers a setback (in terms of the inability to raise funds) and the family support movement itself suffers. Additionally, fear of condemnation for perceived failures might make it difficult for programs to conduct honest self-evaluations.

There are no quick fixes. Programs will need to commit to substantial and long-term support for persons in vulnerable communities before one can expect to see the results of program efforts.

The need for program replication and dissemination of information places a tremendous strain on programs serving the socially vulnerable. Programs that are perceived as innovative are especially hard-hit by the need to learn about and replicate them as quickly as possible. The parade of visitors is extremely disruptive to program efforts, as staff time has to be devoted to talking to visitors. This also produces added stress as programs attempt to disseminate information and at the same time protect participant confidentiality.

Join with institutions of higher learning to develop curricula for training. Curricula need to be developed within higher education to train front-line direct service workers as well as program administrators. Training remains a top priority of community-based programs. The skills and training needed to work with the socially vulnerable are just not available among people trained to do human services work at any level. Organizations like the Family Resource Coalition are able to help with programs' training needs. However, these organizations would do well to join their training efforts with institutions of higher education. Efforts to develop curricula at the program level should proceed, but with the recognition that program curricula can provide only a broad guideline. They will need to be adjusted to fit the individual needs of programs. Curricula are also only as good as the people who implement them, thus it would make sense for the family support movement to look to more systematic ways to find prospective employees. These can be found within programs in child development, education, public health, social work, and public policy.

So much of what happens in the program depends upon strong leadership. While it is not possible to teach charisma, schools can teach the skills that are needed to run these programs to students in human services-related educational programs who are interested in management. Such a training curriculum would include the normal management skills of setting a vision, developing a strategic plan, developing funds, developing and managing budgets, and personnel hiring and firing, as well as skills that are needed specifically for community-based efforts in socially vulnerable communities. These include: forming community coalitions and partnerships; hiring, supervising, and working with a mix of professional and paraprofessional staff members; working with and educating boards and funders; hearing and responding to community needs; and working within an empowerment model.

Make stronger efforts to include within the family support movement and in policy making areas persons employed in community-based programs in socially vulnerable communities and persons of color. Persons with program experience are a good source of ideas about what might work with socially vulnerable populations and what might not work. Often, what appear to be innovations at the policy level are ideas that have been bandied about by program staff for some time. Program administrators and staff often know what type of policies will be effective. Additionally, as the workforce with socially vulnerable populations is generally composed of people of color, it is unfortunate that there is not a larger voice for them in policy-making. Directors of the programs studied are disturbed that while the socially vulnerable and people of color were consulted at the program level, because of their understanding of their communities, their input was trivialized at the policy level. The directors feel that such invitations to the policy table are only a token gesture, as their input is generally overlooked.

Continue to educate the greater society about the issues facing the socially vulnerable and society's stake in developing the means to meet their needs. If lasting change for these populations is to be effected, it will take sustained effort and support from all of society. Developing the base of support needed within our nation will not be easy. Education and advocacy activities (such as developing reading materials describing the issues; lobbying at the local, state, and federal level; and assisting in developing bills and policies that will help programs that serve the socially vulnerable) can help society to better understand its connection with the socially vulnerable.

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